on and completely filled in by the funeral director, page 3 s. Pages 1 and 2 should be filed within 72 hours after death

MPORTANT: If them 21 is marked or them 18 shows ony

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR - STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

NE REG. NO

0 2 0 3

.1	I DEC	EASED NAME FIRST	MIDDLE		AST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
X	(TYPE	OR PRINT)	VII Taa	Aloxun	MEA	1	14-86 924
1	0 CEV	MARSHIP	LL Lee	S. DATE C	UDEL-	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	3. SEX		4 RACE	J. DATE C		AGE (INTERNSTAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
		M	B	6	6 57	A 8 YRS	
11		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT CO	JNTRY? 8	NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
5		rvland	U.S.A.	WIDOWE		Harford	MD.
1	10 CI	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL,		R OTHER INSTITUTION	12a USUAL OCCUPATION	126. KIND OF BUSINESS OR
0	Ha	vre de Grace	(IF NOT IN SUCH FACILITY, GI	VE STREET ADDRESS)		NONE	Disabled
1		L RESIDENCE (IF NURSING HOME C				L	13/11
5	13a. S	TATE 13h COU	And Alie	SRIDWN -	13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP COD	In Oxlou
	14 FA	THER'S NAME	0 100		15. MOTHER'S MAIDEN NA	AME	<u></u>
21		FIRST A = 1- 1.		AST	€#RST	MIDDLE	AST
1		Ashby		OWN AL SECURITY NO.	17 INFORMANT	ADDRESS	arco
		AS DECEASED EVER IN U.S. A ES NO OR UNKNOWN) (IF YES G	EIVE WAR OR DATES)	- i OI I O			
4		NO N	/A R14	10 8608	Emma T. Brow	n, Same As Above	
	10	18 CAUSE OF DEATH Enter of	only one cause perline for id	to object	011		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUS	ATE CAUSE (O)	tisyple	" Tailure		
		1//////		0.0	1000		
	100	Conditions, if ony, which	DUE TO, OR AS A CO	NSEQUENCE OF	with coll	desease	
		gove rise to immediate	(b)	-	10	000	
		couse (a), stating the underlying couse lost	DUE TO, OR AS A CO	NSEQUENCE OF	to elegen el l	recential month	1
			(Ic)	0	2000 2000 2	region of fracti	7
	2	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTI	NG TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION CI	IN PART Ita
1	CATION						
6		190. DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED		S, WERE FINDINGS USED FYING CAUSES OF DEATH?
1	CERTIF					YES NO Y	ES NO
0	GE	210. ACCIDENT WAS UNDERLYING	110110 4 44 44001	TH DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
7	AL.	OR CONTRIBUTING CAUSE OF DE	EAIN	19			
/	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION		COUNTY STATE
	×	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY	OFFICE, FARM ETC)	STREET	CITY OR TOWN	COUNTY STATE
		220. certify that (I) (this has	outs) attended the decenses	d from	. 19		19, that (I) (we) lost
		sow the deceased plive o	n	19/		death occurred on the date and ha	
	13/	obove, (I) (we) (didh)(did n	not) view the body ofter deat	h /			22c, DATE SIGNED
		228. SIGNATURE	- 7	(h) 11	DEGREE ATTENDING 1	MEDICAL STAFF	ZZE. DATE SIGNED
1	100	104	au 1	Ka U	PHYSICIAN [DIRECTOR PHYSICIAN	
1	55.1	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	10	22e ADDRESS		
1				/			
		URIAL, CREMATION, REMOVA	L 236 DATE	23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	
		BuriaL	Jan. 28, 1986	Ilnion I	Jnited Cem.	Aberdeen . Harf	ord Maryland
		NERAL DIRECTOR	10011.20.1900	, I OHTOH (TE REC'D. BY REGISTRAR 25b. REGIS	TRAR'S SIGNATURE
4		NAME	II D. A. A1	DDRESS	21001 2200 1	AN 27 1986 June	www.acon-Mandeles
	1a	rring Funeral	nome, r.A., Abe	erdeen, MU	, 21001-3389 JI	1116 1 1000	•

DHMH - 16 60M 7/84 (VRA 15, 4)

(VRA 15, 4)

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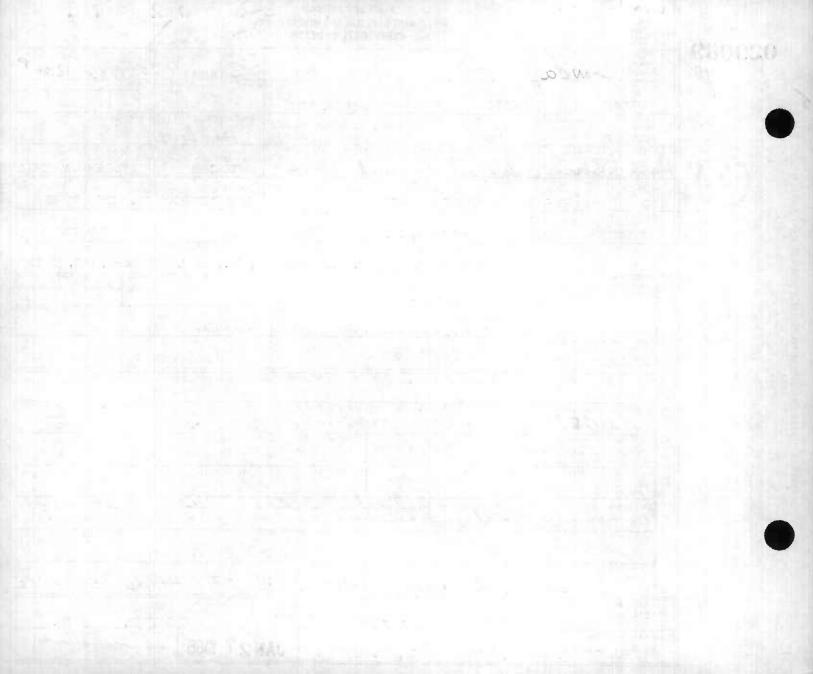
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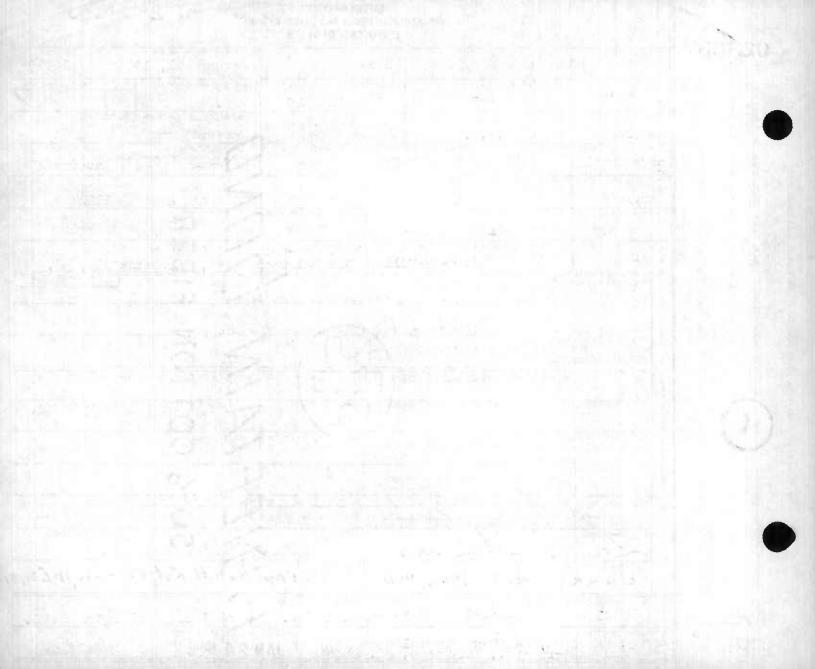
DHMH - 16 60M 7/84 (VRA 15, 4)

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1-	STATE REGISTRAR		CERTI	FICATE OF DEATH	REG. NO	D	
		CEASED NAME FIRST	MIDDLE	V	LAST	20. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
	(IIII	LINGA	SUSAN	H	nderson	Januara	125,1986	12:00 M
	3 SEX		4 RACE	5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIR	MONTHS DAYS	HOURS MIN.
	1	FEMALE	WHITE		MBER 16, 1956	29	YRS	MIN.
1		RTHPLACE STATE OR FOREIGN	76. CITIZEN OF WHAT	COUNTRY? 8	ED NEVER MARRIED X	9 BALTIMORE CITY OF	R COUNTY OF DEATH	
1		MARYLAND	USA	WIDOW		Harfor	rd	MD.
6		TY ORTOWN OF DEATH		TAL, NURSING HOME TY, GIVE STREET ADDRESS) Memori	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	F WORKING LIFE) INDUSTRY	ARY SCHOOL
SPAN S	13a S	AL RESIDENCE (IF NURSING HOME OR TATE 136 COUN HARFO	ITY 13c. C	SIDENCE BEFORE ADMISSION ITY OR TOWN RE de GRACE	13d INSIDE CITY LIMITS?		ZIP CODE TAKE DR. #13E	21078
1	14. FA	THER'S NAME FIRST CHARLES ALL	MIDDLE AN	DERSON, JR.	VIRGINIA	AME MIDDLE	REYE	ST BURN
		VAS DECEASED EVER IN U.S. AR.	MED FORCES? 166 S	OCIAL SECURITY NO.	17 INFORMANT	ADDRE		
		NO		2 50 3509	C. ALLEN ANDERS	SON, JR., 698 LE	EWIS STREET, Ho	JG, MD 21078
	150	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A	CONSEQUENCE OF CONSEQUENCE OF	ma of	adon.	DITION GIVEN IN PART 1	10
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION))	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIND! IN CERTIFYING CAUSES YES	
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. A	IRY MONTH DAY YEAR 19		RRED (ENTER NATURE OF INJUR	RY IN ITEM IS PART 1 OR PART 2)	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJ	URY TORY, OFFICE, FARM ETC.)	21f. LOCATION STREET	CITY OR TO	wn COUNTY	STATE
		220.1 certify that (1) (this haspi sow the deceased alive an abave, (1) (we) (did) (did no	1/25/	19 86	and that in (my) (aur) opinion	to //2.	ate and have and fram the	
		226. SIGNATURE	mille		ATTENDING PHYSICIAN	MEDICAL STAF	F	SIGNED
/		ID. 50	MERV.		400 LEWI		HAVRE DE	6RACE
		BURIAL, CREMATION, REMOVAL SPECIFY) CREMATION	236. DATE 26JANUARY86		FERRIS & COMPANY	23d LOCATION CITY OR TOWN WEST	CHESTER,	PA.
	24 FU	UNERAL DIRECTOR		ADDRESS	25a. DA	TE REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGNA	
	N	TICHELL FUNERAL HO	ME PA HAVRE		21078	N 2 7 1986	Treme wers down	





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		1,	FORTHEN	18a+2	20a	DEPARTME		MARYLAND I AND MENTAL	MYGIENE 0	20	4 5
03	7157	1-	REGISTRAR	11-86	CN MI	DICAL EX	AMINER'S	CERTIFICATE	OF DEATH REG	G. NO.	
0.0			CEASED NAME	FIRST		WIDDLE		LAST	20. DATE KNOW OF ESTI-	HTMOM X N	DAY YEAR 2b. HOU
	ET SES.			Mary				Blackstone	DEATH MATE	D 🗆 1/	24/19 86
	SARY, PLEASE AL DIRECTOR. YOUR FILES. IIN 72 HOURS STON STREET,	3. SEX		1. RACE	5. DATE OF BIRTH	/ YEAR	AST BIRTHDAY) MON		ER 24 HRS. 20 DATE MIN PRONOUNCED	MONTH	DAY YEAR 24 HOU
	ERAL DIR OR YOU ITHIN 72 SESTON		male C	laucasi		/ 39	46 YRS.		DEAD	1/	24/19 86 P
	NERAL FOR YOUNTHIN	FO	REIGN COUNTRY)		7b. CITIZEN OF V		MARE	IED NEVER MA		_	
	NEW YORK		irgini		U.S.A		WIDON		RCED Harford	d County	12b KIND OF BUSINESS
	PAGE PAGE		Fallsto		(IF NOT IN SUCH I	ACILITY, GIVE STREET			FOR MOST OF WORKING LIFE Housewife		OR INDUSTRY Home
5	DEPENDENT L	USUA 13a. S	FARE		or other institution,		TOWN	13d INSIDE CITY LIMITS	13e STREET ADDRESS		21161
64	る名称の語		Md.	Hai	riora	Whit	e Hall	YES NO	2500 Joli	y Acre	s Rd.
RE, MD	C AND STAN	0	THER'S NAME FIRST	9	MIDDLE	Wh	ite	15 MOTHER'S MA	IDEN NAME MIDDLE		LAST
LTIMO	WE PAG WE PAG H FORM GES 1 /	16a. V		EVER IN U.S. AI	RMED FORCES? E WAR OR DATES)		SECURITY NO.	17. INFORMANT Harry	H. Blacksto	ne, Jr	
DS. 3 W. PRENON ST.	CCLIEDAMINIA HOURS CST PENCLINATEN III. CST EXALISTICATION WI BUSINA: TRANSIT PERMIT: AND MENTAL HYGIENE; DI ATION, OR REMOVAL.		Condition gave rist cause (a) lying caus	IMMEDIA IMMEDIA s, if any, which e to immediate stating the under the last.	ATE CAUSE (a) DUE TO, O (b) DUE TO, O (c)	r as a consec R as a consec	SCLETTE,	Carcy	PARTION) IS CASY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
AL RECOR	PENDING WE WEDING SED AS A SED AS A ALL CREW	CERTIFICATION	190. DATE OF	OPERATION	196 CONE	ITION FOR WHI	ICH OPERATION V	VAS PERFORMED?			20 AUTOPSY? PARTIAL
FVIII	A SECOND	ERTE	210 EXTERNA	L CAUSE WAS	216. TIME C		21c. H	OW INJURY OCCUR	RRED LENTER NATURE OF INJURY IN IT	EM 18 PART 1 OR PAR	YES X NO
ONO	THE WAR		UNDERLYING	OR IG CAUSE OF		M. MONTH DA	Y YEAR				
DIVISION OF VIT	THIS CERTIFIC WARDED TO PAGE 3 SHOI STATE DEPARI 21201 PRIOR	MEDICAL	21d INJURY O WHILE AT WORK	CCURRED	21e. PLACE	OF INJURY (A	THOME, 211. LC	OCATION STREET	CITY OR TOWN	COU	INTY STATE
	R: TH TE, V DRW/ DR STA E STA D, 21				ge of the remains d	escribed abave	PARTIAI		tion , Inquiry	and in my api	IDIOD.
•	TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIESTOR: PAFER DEATH, WITH THE ST.	1	death resulte		bral causes	Accident], Suicide [Homicide TITLE (SPECIFY) A.D. Assista	Undetermined manner	DATE SIGNED	
	PER DI		EXAMINER'S N	NAME Gre	gory R. K	auffman	M.D.	ADDRESS	111 Penn St.		
	PAG PAG —	23a.B		ION, REMOVAL	23b. DATE	23c. NAN	E OF CEMETERY	OR CREMATORY	123d LOCATION) A - 4400	STATE CYA
07/84	BP 37	No.	Cremat		1/27/8	6 Car	roll Cr	emation	Hampstead		114.
25M	DHMH - 17 (VR A15 ME (5))	24. FI	NAME Glad	den Ku	rtz III	Jarre	ttsvill	e Md FE	BO3 1986	REGISTRAR'S SI	

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U	TITOÀ		REGISTRAR			MEDIC	CAL EXAM	AINER'S	CERTIFICA	ATE O	F DEATH	REG. NO.			
	12		CEASED NAMI	E FIRST		Wil	DOLE		ŁAST	11 11 11	20. DATE	KNOWN X	MONTH DAY	Y YEAR	26 HOUR
	Walass	(TYP	E OR PRINT)		0.7.77	2.6		20122			OF	MATED 1			-
	30332	3. SEX		4 RACE	SIE 5. DATE OF	Ma	rgaret	BRADE (IN YEARS IF U		F UNDER :			-12-86	y YEAR	2d HOUF
	목정도로				MONTH	DAY	YEAR LAST	BIRTHDAY) MON		HOURS	MIN PRONOU	NCED			Ze HOUF
	\$2558	-	male	White		2, 191		YRS.			DEAL	1	1-12-86		5:45
	物本の主は	7a. BI	RTHPLACE 15	TATE OR		OF WHAT	COUNTRY?	8 MAR	RIED NEVE	R MARRIE	P BALTIA	AORE CITY OR	COUNTY OF	DEATH	
	SASER	Ma	ryland		u.5	S.A.		WIDO		DIVORCE		ord Cou	intv		ААГ
and l	SHAME STATE	18. ÇI	TY OR TOWN	OF DEATH	II. NAME C	OF HOSPITA	L, NURSING	OME, OR OT	HER INSTITUTION	ON	120 USUAL OCCU	PATION (TYPE OF	FWORK 12h K	CIND OF BU	ISINESS
	AHAT B	1					GIVE STREET ADD				Retired	MINISTE ATO	n Po	or industr ligio	
	A SA		Tallsto	I IF IN NURSING HOME	OR OTHER INSTITU	LSTON	Genera	HOSP	ital		Rewieu	Milusie	1 Re	Light	n
8	29250	13a S	TATE	1136 COU	ncaste		eola		13d. INSIDE CITY		13e STREET ADDR	ESS .	0 1/2	74	4
24	TAMES .	-	enns yev		ncasse	t L	.eora		YES 🗌	NO 🗌		a Lee B	eva. 1	7540/	
No.	THENEN	14. F.A	THER'S NAME		MIDDLE		LAST		15. MOTHER		NAME	WIDDLE		LAST	
3	300 30	0	Will	iam	Leon	nard	Bra	dfield	B	essi	2 V	irginia	Shin	inick	
8	SAN TE	160. V	AS DECEASE	DEVER IN U.S. A	RMED FORCES	? 16	b. SOCIAL SEC	URITY NO.	17 INFORMA			AP DRESS	N Cha	tham :	Road
5	NA TOOS	No	ES, NO, OR UNKNO	(IF YES, GIV	E WAR OR DATES)	12	214-05-	3359	Grace	E. 1	Bradfield	Ellic	ott Ci	tu MD	2101
- 2	Sole S		18 CALISE O	F DEATH (Enter o	nhi one seuse	noution for t	(a) (b) d (-				-		1	APPROXIMATE	FINTERVAL
ts.	OF DEW		PARTIDE	ATH WAS CAUS	ED BY:								BE	TWEEN ONSET	T AND DEATH
PRESTON ST	SE OFF	3	2170	IMMED I	ATE CAUSE (0)				es	-			-	-	
12	SECTION S	6	Condition	ns, if ony, which		IU, UK AS	A CONSEQUE	NCE OF							
ă.	年			se to immediat											
*	043.40		couse (a) lying cau	stating the under	DUE 1	TO, OR AS	A CONSEQUE	NCE OF							
38	SAN		ly mg coo	730 1031.	(c)								1300		
S	AAREA E		PART 2 OTHER ST	GNIFICANT CONDITION	S CONTRIBUTING 1	O DEATH BUT N	OI RELATED TO TH	E TERMINAL DISEA	SE OR CONDITION G	GIVEN IN PAR	T 1 10		1 1 1 1 1 1 1		
8	SENT SERVER	Z	100												
20	38 A A A	HCATION	190. DATE OF	OPERATION	19b. C	CONDITION	FOR WHICH	OPERATION	WAS PERFORM	ED?			20	AUTOPSY?	2
DIVISION OF VITAL	ASERRA /	H											- 14	VEC [NO 🗆
>	ATE WORLD BE ON THE ON	ERI	210. EXTERNA	AL CAUSE WAS	21b. T	IME OF INJ	URY	1216	OW INTURY O	CCUPPER) (ENTER NATURE OF IN	INIPY IN ITEM IS PAR	T I OR PART 2)	YES	NO [
0	IS CERTIFICATE VRITING THE VRDED TO THE GE 3 SHOULD IT TO PRICE TO THE 201 PRICE TO THE	0	UNDERLYING	S S OR	HOU	UR A.M. MO	ONTH DAY	YEAR							
ō	電子も多 合	Ş		NG CAUSE OF		45PM	1-12-8	6 d	river o	it au	to/auto d	collisor	1		
<u> </u>	P P S S P P	MEDICAL	21d INJURY C		STR	EET, FACTORY,	JURY (AT HO		STREET		CITY OR TO	OWN	COUNTY		STATE
	AAR AAR	-	AT WORK	NOT WHILE	x h	gwy.		R	t. 136@	165	Ply	esville	, Mary	yland	
	P. ST. P.		22n Loorte	fy that I took char	ae of the rema	oins describe	ed above held	on Auto	osy X	Inspection	, Inquiry	C and	n my opinion		
	A SA DES	1	death result	The state of the s	urol causes	_	ident X	Suicide	Homicid		Undetermined m		ii iiiy opiiiioii		
	A SERVICE SERV		death result	Λ I	prof couses		JUENIC C.	Suicide [Undetermined m	onner,			
	7 0 5 0 5 0 5 0 0 0 0 0 0 0 0 0 0 0 0 0		ACTUAL	MUDI	1. To	116	Ula.	4	TITLE (SPE				DATE 1.	-14-86	6
	SESSES -	1	SIGNATURE.	0000	you	VUIT	14/1		M.D. ASSIS	tant	MEDICAL EXA/	MINER	SIGNED 1-	-14-00	
	NO PER SE		EXAMINER'S	NAME N	largari	ta A.	Korell	M.D.	11	1 Pe	nn Street				
	O MEDICAL EXAMINER: THIS CER DECUTE THE CERTIFICATE, WRITIN NEGE 4 SHOULD BE FORWARDED O FUNERAL DIRECTOR: PAGE 32 FIER DEATH, WITH THE STATE DEF ALTIMORE, MARKALAND, 21201 PI		(TYPE OR PRI	NI)					_ADDRESS						
100	22222	23a.Bl	URIAL, CREMA	TION, REMOVAL					OR CREMATOR	1Y	23d LOCATION		COUNTY	ST	TATE
Bring	BP 7		Burial		1/16/	86	Parku	ood Ce	metery		Baltimo			Maryl	
425M *	DHMH - 17			Russe	el C	Wintzbi	Funn	al Ham	OA P 25	o. DATE R	EC'D. BY REGISTRA	AR 256 REGISTI	RAR'S SIGNA	TURE	4
	(VR A15 ME (5))	1	630 Edn	ondson A	venue.	Caton	suillo	MD 2	1228	614	N.1.4 198	6 /	1900	The same	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN REGISTRAR

CERTIFICATE OF DEATH

REG. NO 20 DATE OF DEATH MONTH 2b. HOUR

BALTIMORE CITY OR COUNTY OF DEATH

DECEASED NAME LITTE OR PRINT ames July 30,1910 White Male O. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? U.S.A. Virginia

MARRIED NEVER MARRIED 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) Various Laborer

136 COUNTY 13c. CITY OR TOWN Harford Maryland 14 FATHER'S NAME

Henry

(IF YES GIVE WAR OR DATES)

13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? 100 Revolution Street/21078 Havre de Graceyes X NO F Bragg Oma

17. INFORMANT

Ha11 Iotha Bel Air,MD 21014 Anna Mae Dickey,801 Cocoanut Ct. Apt.F,

II CAUSE OF DEATH (Enter only one couse per light left FART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE IS gave rise to immediate souse (a), stating the underlying couse

166 SOCIAL SECURITY NO

218-09-7890

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED 20 THE TERMINAL DISEASE ON CONDITION GIVEN IN PART IS

19h CONDITION FOR WHICH OPERATION WAS PERFORMED 90 DATE OF OPERATION 710 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH

711.1 Actify that (1) 7hin haspital) attended the deceased from

YEAR

20b. IF YES, WERE FINDINGS USED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2

CITY OR TOWN

P.M 21e. PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

21f. LOCATION

Removal/Cremation Jan. 20.1986

ATTENDING 22e ADDRESS

DIRECTOR PHYSICIAN

and that in (my) (our) apinion death accurred an the date and have and from the causes stated

23a. BURIAL, CREMATION, REMOVAL

23b. DATE

R.A. Ferris and Co.

DEGREE

West Chester, Chester, PEna. 254 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

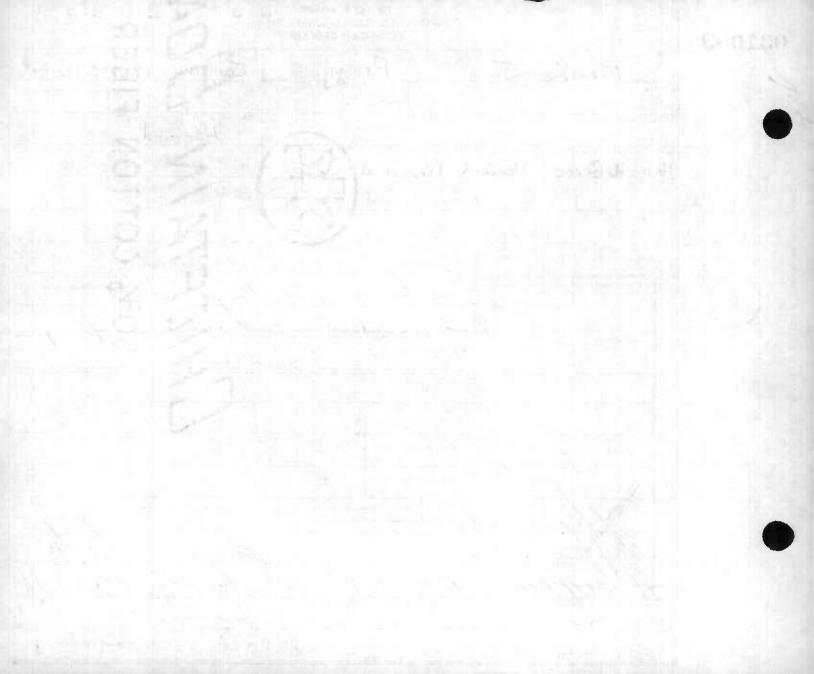
- STATE

John

NO

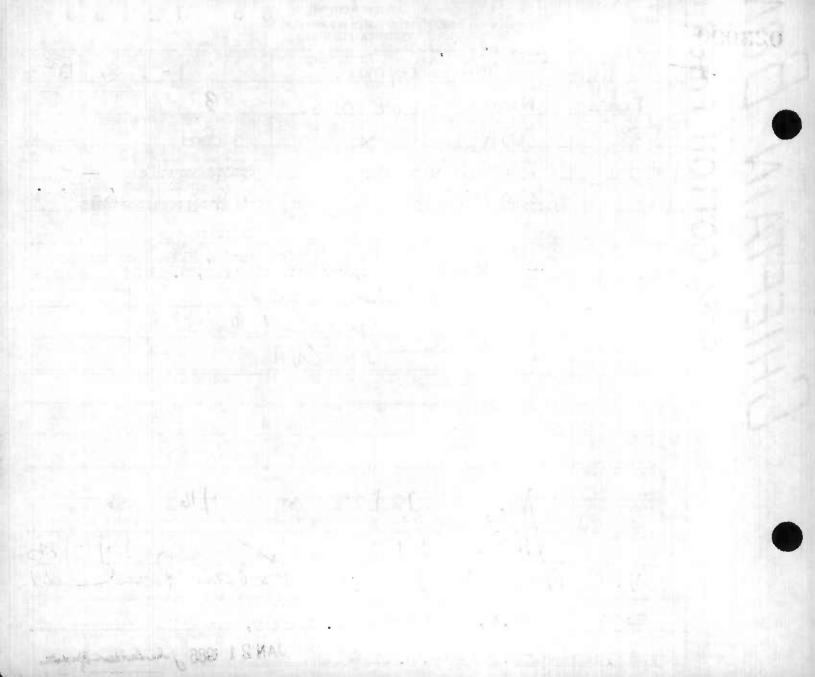
160 WAS DECEASED EVER IN U.S. ARMED FORCES?

Tarring Funeral Home, P.A, Aberdeen, MD, 21001-3399



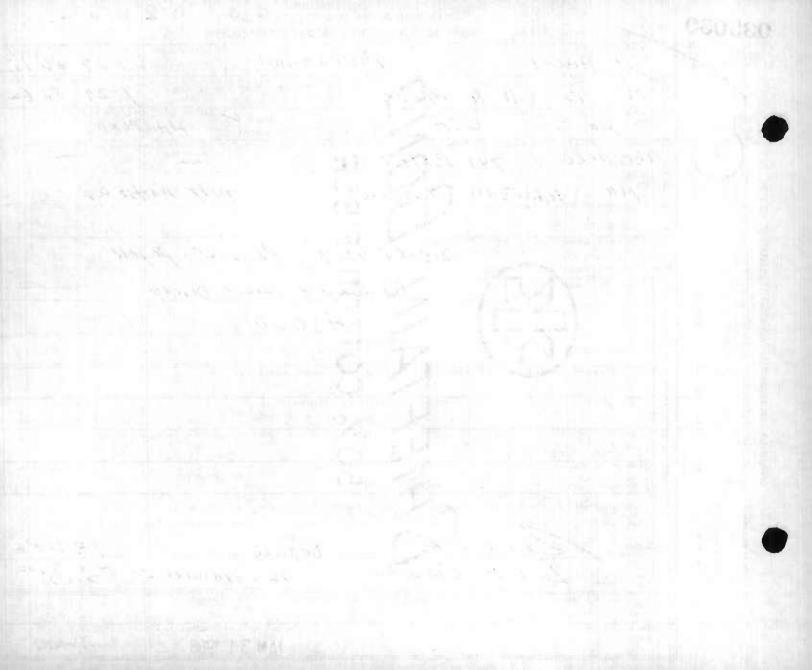
Howard K McComas III. Abingdon Md. 21009

DIVISION OF VITAL



028014	1.	FOR STATE REGISTRAR			DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	ENE 6	0 2	0 5	
		CEASED NAME	FIRST	M	IDDLE	-	A\$1	20 DATE OF DEATH		Y YEAR	26 HOUR
be on h	TYPE	OR PRINT)	narles	Fre	ederick	F	Brown	January	17.198	36	M
роб ег ф	3. SE			RACE	oder ren	5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST B	RIHDAY) U	UNDERTYEAR	IF UNDER 24 HRS
e 4		Male		White		Atto	8,1902 YEAR	83	YRS	NIHS DAYS	HOURS MIN.
2 43 46	70. B	RTHPLACE (STATE OR FO	REIGN 76		HAT COUNTRY?	8	NEVER MARRIED	9. BALTIMORE CITY		F DEATH	
1 1E 20		rvland	4.3	U.S.A		WIDOWE		Harford	Count	v	MD.
JAN V	10 C	TY OR TOWN OF DEAT	Н 11		OSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPA	TION		BUSINESSOR
1 DO	A	perdeen	April 6		nnison			Administr		US Go	ov't.
1 10	USU 13a	AL RESIDENCE (IF NURSIN	GHOME OR OTH	HER INSTITUTION		ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE		
	Ma		Harfo		Aberdeer		YES X NO	120 Gunni		ve/210	01
1 10 16	114 F/	THER'S NAME	MID	DIE	LAST	- 7 1 4 4	15 MOTHER'S MAIDEN NA			LAST	
1 11/14		Frederick	Spra	gue	Brown		Mary	Ellen		Kell	y
2 27 4		VAS DECEASED EVER IN	U.S. ARME		166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDI	RESS	A Arri	
- 0.0 a		NO	N/A		216-01-3	052	Florence E.	Brown, Same	as Ab		
a open		18 CAUSE OF DEATH PART I, DEATH WA	Enter only	one cause per l	ine for (a), (b), and	19	1	v 1		APPROXIM BETWEEN OF	ATE INTERVAL NSET AND DEATH
g p bong rem			MMEDIATE		Car	and the	vapricy	mest	-	1	- le
endin corb n, or matic	ы	W. North		DUE TO, OR	AS ACONSEQUE	NCE OF	0	1 -	- 1	1	comp
e dec	77	Conditions, if any, gove rise to imme	ediate	(b)	Mosey	el	Carcinga	2 01 0	same	9/2	of no
y the crem other	34	cause (a), stating underlying couse	the 'a	DUE TO, OK	AS A CONSEQUE	NCE OF		0	, 0	/	1
pleo prol,	-	PART 2 OTHER SIGNI	FICANT COL	VIDITIONS CO	NITRIBUTING TO F	E ATH BUIT	NOT RELATED TO THE TERM	UNIAL DISEASE OR COL	UDITION CIVE	LINI DADT II.	_
sign Then to bi	Z	(ach	111	14111001111010101	<u> </u>	NOT RELATED TO THE TERM	IIIIAE DISEASE OR COI	ADITION GIVE	VIIVEAKI IIG	
Drior prior	CATI	190 DATE OF OPERATION	ON	196 CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES,	WERE FINDING	GS USED
he loon.	CERTIFICATION							YES NO	YES	ING CAUSES (NO [
N. T. Sicing	GR	21a. ACCIDENT WAS UNDE	- Language	21b. TIME OF HOUR A.M		Y YEAR	24: HOW IN JURY OCCUP	ENTER NATURE OF INJ	URY IN ITEM 18 PAR	T I OR PART 2)	
icity physical physic	CAL	OR CONTRIBUTING CA		P.N	1 1	19	* orphed	-			
PHYS this of d Mo	MEDICAL	21d INJURY OCCURRE		21e. PLACE C		ARM, ETC	MIDCATION	CITY OR T	OWN	COUNTY	STATE
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ATTE SSpite CCTC d for t of I		saw the deceased above, (I) (we) (die	d) (did not) y	ew the body o	ifter death.		nd that in (my) (au) opinion	death accurred anlithe a	date and havi a		
OR DOR H Her	11	226 SIGNATURE	MW				DEGREE ATTENDING	MEDICAL STA	AFF	225 DATES	IGNED
by if Al		22d. PHYSICIAN'S NAM	Y TOOL OF	HINTS			PHYSICIAN D	DIRECTOR PHYS	ICIAN []	an.	0,1786
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should with	22- (BURIAL, CREMATION, R		2ATIN,		LAME OF C	18 LAN DI	HEER DEEN	1910.	-1001	
BP		SPECIFY)					EMETERY OR CREMATORY	CITY OF TOWN	0.1.	COUNTY	STATE
		Burial UNERAL DIRECTOR		Jan.20,	1986 Pa	rkwoo	od Cemetery	Baltimor E REC'D. BY REGISTRA	e City	Maryla AR'S SIGNATE	nd RhJ45
DHMH - 16 60M 7/84 (VRA 15, 4)			eral H	ome P	ADDRESS	on MI	0,21001-3899 A	N24 1986	Junior	01820408	
		TI THE THE	-1 UI II	Onic, I of	r. uner de	en, m	7,21001-3039		7		

0	35030	1-	FOR STATE		DEPARTMENT OF		ENTACHYGE		0 5	2
U	284247		CEASED NAME FIRST	/		Bucha	nan	20 DATE KNOWN OF ESTI- DEATH MATED		986 /26 HOUR
	NOUN SHOW	1.5E)	MB	5. DATE OF BIRTH	YEAR 6 AGE (IN Y LAST BIRTHI	DAY) MONTHS DAYS	IF UNDER 24 HRS.	PRONOUNCED DEAD	/ 29 1	96 6a
•		10	RTHPLACE ISSANDON RESONCOUNTRY) TY OR TOWN OF BEATH	7b. CITIZEN OF WE	SA	MARRIED NE	DIVORCED [HAR HAR	FORD	ME
		0	Therdeen	(IF NOT IN SUCH FA	PITAL, NURSING HOM CILITY COVE STREET ADDRESSI 24 THE VERESIDENCE BEFORE ADMISS	av	FOR	MAL OCCUPATION (TYPE MOST OF WORKING LIFE)	OR II	O OF BUSINESS NOUSTRY
D. 21201	AND SAND	13o. S		rfond	a serd	PCL T3d. INSIDE	ISE ST		He ar	21001
AORE, MD.	A DEATH A DEATH RAN PW CAND 2	16a. V	Raymond	MED FORCES?	Buchanan	A	lida	MIDDLE ADDRESS	Buchan	an
, BALTIMORE	RS AFTE MITH FO PAGES DIVISION	(Y	ES, NO. OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	218 -05	43.7	Perse	nes pay	IET APPR	ROXIMATE INTERVAL
201 W. PRESTON ST	TED WITHIN 24 HOL NAMINER ALONG N. TRANSIT PRAMI MENTAL HYGIBAE N. OR REMOVAL	SHOW NO.	PART I DEATH WAS CAUSE	D BY: TE CAUSE (a) DUE TO, OR (b)	AS A CONSEQUENCE	ASC	/ Heard	DINEGO	BETWEE	en onset and death
RECORDS. 2	D BE EXECU- PENDING: 18 MEDICAL E NASA BURIL EATTH AND CREMATIO	NOITI	PART 2 OTNER SIGNIFICANT CONDITIONS		BUT NOT RELATED TO THE TER				120 AI	JTOPSY?
DIVISION OF VITAL	CATE SHOUL HE WORD "I" THE CHEF HILD BE USET TO BURRAL	A CERTIFICATION	210. EXTERNAL CAUSE WAS	21b. TIME OF HOUR A.M		21c HOW INJUR		R NATURE OF INJURY IN ITEM 18	YE	S NO
DIVISION	WRITING T WARDED TO WARDED TO WAGE 3 SHO ATE DEPAR PLOST PRIOR	MEDICAL	CONTRIBUTING CAUSE OF ZIE INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE (DF INJURY (ATHOME, IORY, FARM, ETC.)	21f LOCATION STREET		CITY OR TOWN	COUNTY	STATE
•	L EXAMINER TE CETTIFICATE, OULD BE FORM LA DIRECTOR P. H. WITH THE ST. WARYLAND. 2	100	27e. I certify that I took charged death resulted from: Notu ACTUAL SIGNATURE	ge of the remoins des ral causes ,			SDECIEV)	termined manner ,	DATE / 2	9-86
	MEDICA GEOUTE TH NOE A SH TER DEAT	1	EXAMINER'S NAME (TYPE OR PRINT)		Renje		464 6	DICAL EXAMINER	7 Has	Stac.
07/84 25M	P====	(:	URIAL, CREMATION, REMOVAL Burial UNERAL DIRECTOR	^{236. DATE} Feb. 1, 1980	111111111111111111111111111111111111111	METERY OR CREMAT	CIT	OCATION YOR TOWN erdeen Harf Y REGISTRAR 1256 REGI		and
	DHMH - 17 (VR A15 ME (5))		NAME rring Funeral H	ome P.A.		0.21001-33		/	Savidson-Par	ndelle.



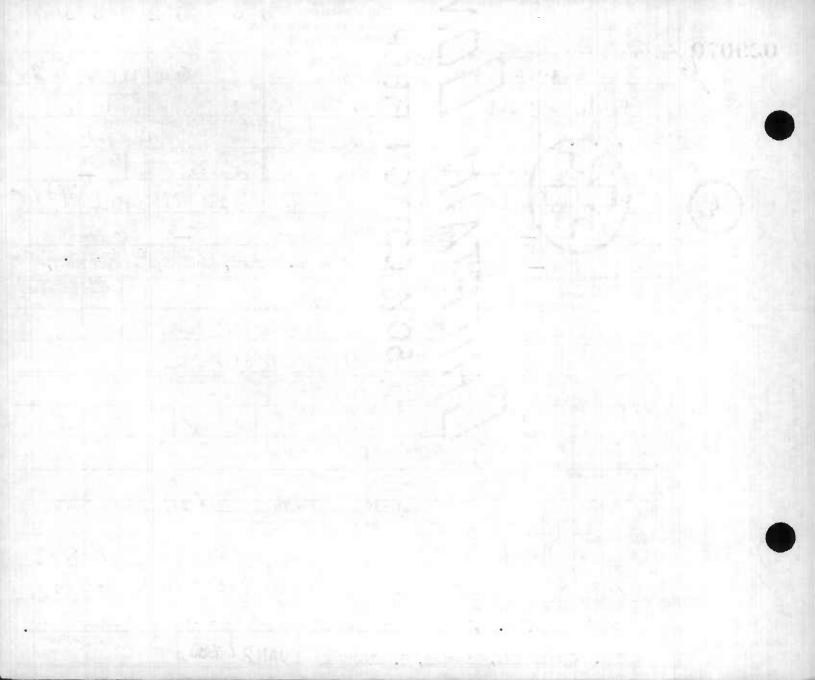
	oy be	death
	h. Poge 4 m	ol director. p
102	rs after deat	by the funer
SYLAND 213	ithin 24 hou	2 though british where
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be etained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compiled the transfer that therefor page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page. with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
V ST., BALTI	certificate b	ing physiciar rbanpapers. r remaval.
W. PRESTOR	t the death	e remove con
ORDS, 201 V	requires tha	Then pleas or to buriol,
VITAL RECO	N. The low sysicion.	cate has be ransit permit Hygiene prid
VISION OF	G PHYSICIA pttending pl	er this certification is the buriol-transfer ond Mental
ā	TO HOSPITAL OR ATTENDING PHYSICIAN. The lo etrained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physici should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval.
	OSPITAL OR	UNERAL DIE d be detach the State De
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20	1,0	FOR STATE REGISTRAR	DEPARTI	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	GIENE O REG. NO.	2 0 5	3
1/2			Wanea Model Marie	1/	ASI Burton	20 DATE OF DEATH MON	TH DAY YEAR	26 HOUR 30
10		SWAN			rrion	Jah	23 1481	O D P M
-	3 SEX	×	4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY	MONTH'S DA	
11		tenale	White	pune	5, 1904 YEAR	81	YRS	
1	(RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR CO	DUNTY OF DEATH	
0		hens, W.Va.	USA	WIDOWE		10 1151111 0 5 5 110 1 7 10 11	Hartore	
Self-B	170	WELL TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN I IF NOT IN SUCH FACILITY, GIVE STREET		JUSO	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO Housewife		D OF BUSINESS OR RY
2	USU/ 13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 13b COUN	1	N	134 INSIDE CITY LIMITS?	130 STREET ADDRESS ZIF	CODE MILL	21014
1	14 FA	ATHER'S NAME FIRST Esaw	middle last Akers		15 MOTHER'S MAIDEN NA FIRST Nancy	WIDDLE	Clem	(AST
medicin		VAS DECEASED EVER IN U.S. AR		1423 3423	17 INFORMANT	urton, 2108 Th	Bel Air.	Md 21014
event, the		18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE) IMMEDIAT	ly one couse per line far (a), (b) and D BY: "E CAUSE (a)	line	APPES	T	BETWE	ROXIMATE INTERVAL EEN ONSET AND DEATH
injury, or other troumot	NOI	Conditions, if any, which gave rise to immediate couse (o), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO	ENCE OF	COSCLETE STANT D NOT RELATED TO THE TERM	VITCO VISEBLE WINAL DISEASE OR CONDITION	ON GIVEN IN PAR	T tro
kuo souk	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED		b. IF YES, WERE FIN CERTIFYING CAU YES	
18 O		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	AY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART	2)
rkedor	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY LAT HOME STREET, FACTORY OFFICE F	ARM ETC)	21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE
21 is mo			Tol) attended the deceased from 19	6 .01	nd that in (my) (aur) apinian	death accurred on the date a	19 16 and from	_, that (I) (we) last the causes stated
E # #	(Danton M	meh &mo		DEGREE ATTENDING PHYSICIAN (MEDICAL STAFF DIRECTOR PHYSICIAN	_ //	25/92
IMPORTANT		PHYSICIAN'S NAME (1YPE O	MONAKIL		ADDRESS ADVINCE	e Good lu	ed 2	1078
5		BURIAL, CREMATION, REMOVAL	236 DATE 23c	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE
		Burial	Jan. 27, 1986 Bel	LAir N	Memorial Garde	ens Bel Air	Harfo	rd Md.
7/84	24 FU	UNERAL DIRECTOR	ADDRESS		25a. DA	TE REC'D BY REGISTRAR 256	REGISTRAR'S SIGN	- Alarkane
)	H	loward K. MCComa	s III, Abingdon, N	/d. 21	1009 JA	N27 1986	1000	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR STATE

STATE OF MARYLAND STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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		REGISTRAR						REG. N	10.				
_		EASED NAME FIRST	N	AIDDLE	f A	ST		20 DATE OF DEATH	MONTH	DAY		2b HOU	Reco
2	(TYPE	OR PRINT)	A MAN	LAGAN	Ca	`0	516			5	860	10	2
-	3. SEX	Survey	4 RACE	L/16/11	5. DATE OF			6 AGE (IN YEARS LAST BI	RIHDAY		RIYEAR	IF UNDER	24 HRS
	J. JE /	- 1	1.01.	1.	MONTH	PAY	1837	9)	1	MONTHS	DAYS	MOUKS	MIN
1	7- DIF	remale	WM	WHAT COUNTRY?	May	10,	1875	D BALTIMODE CITY	YRS	LY OF DE	ATH		_
		OUNTRY)	76 CITIZEN OF V	WHAT COUNTRY?	MARRIED	☐ NEVER A	ARRIED -	9 BALTIMORE CITY	JK COOM	I Y OF DE	AIR		
0	IV	laruland	4.5,	A.	WIDOWED		ORCED _	Hartord			100		MD.
1/2	10. CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN H FACILITY, GIVE STREET		OTHER INST	ITUTION	120 USUAL OCCUPAT			KIND OF	BUSINE	SSOR
8	Ha	re de arau	Harford	Memo		Lyson	tal	Home mal					
1	USUA 13a S	L RESIDENCE IIF WASING HOME O	ROTHER INSTITUTION	GIVE RESIDENCE BEFORE		13d. INSIDE C	TV 1114 ITC2	13e.STREET ADDRESS	/ 719 (10)	DE .4	1		
2	M	pruland Har	ford	Aperdec		YES T	NO M	840 6/10	11 10	10	c. /2	2/00	1
	14 FA	THERE NAME	101.4		,	15 MOTHER'S	MAIDEN NAM	ME)	71.71.8	AL.	1	. 00	
1	7	ARST DOCKS	MIDDLE	LAST		.<	EIRST ALL	MODLE	.(LAST	1170	
er Sa	140 10	AS DECEASED EVER IN U.S. AT	PAFD FORCES?	166 SOCIAL SECL		17 INFORMA	NI	ADDR	ESS		10	79	
1		ES, NO OR UNKNOWN) (IF YES GI	VE WAR OR DATES)		-uni	T D	1	To Same	1	1000	0.00		
/	_	100	N/H	212-40-5	791	JOHN L	CAIN,	Je. Jame	107	4801	E)		
ы		18 CAUSE OF DEATH (Enter a PART I, DEATH WAS CAUSE	nly ane cause per	line far (a), (b), an	d (C)	1	l.	1			APPROXIA	NSET AND	DEATH
9	>		TE CAUSE (a)	Cus	urs	Mill	y Hu	VST.					
51		00/	DUE TO, OF	AS A CONSEQUE	ENCE OF	11 0	1 21	Y A	20		1.	0.	1
8		Canditions, if any, which	((b) (undina	bric.	short	- 70 +	o Ame	Aux	10-	con	ne	4
		gave rise to immediate cause (a), stating the	DUE TO OF	AS A CONSEOU	NCF OF	lake	IL WWW	le Myora	Hill			Lan	(
54		underlying cause last.	(c)			Trak	witin					1	
5	0.0	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO	DEATH BUT N	OT RELAVED	TO THE TERM	INAL DISEASE OR COM	ADITION G	IVEN IN	PAR1 IIa		
	NO.	K	Him										
400	AT	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATION	WAS PERFO	RMED	20a AUTOPSY?		ES, WER			
7	CERTIFICAT			1				YES TI NOT		TIFYING (CAUSES	OF DEAT	
	ER	210. ACCIDENT WAS UNDERLYING	216 TIME O			21c HOW IN	JURY OCCURR	RED (ENTER NATURE OF INJ			PART 2)		
7		OR CONTRIBUTING CAUSE OF DE	~	M. MONTH D	YEAR	1 / X							
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	P./ 21e PLACE (TILACCATIC	N						
2	ME	WHILE NOT WHILE	(AT HOME STR		ARM ETC.	5000	10	CITY OR T	OWN	CO	YINU	5	TATE
		AT WORK					02	1/2		0			
0	64	220 I certify that (I) (this hasp	A Post	deceased fram_	a	labora in (mus)	19.4.5	to 1 3	d_4 d b	. 1901		0	we) last
7		saw the deceased alive as above, (1) (vg) (did) (did no	at view the body	after death			(aur) aprinian e	death accurred on the	аате ала п				ored
1	27	22b SIGNATURE			O	EGREE	TTENDING	MEDICAL ST	V E E	22	DATE S		
		11111	ago	- M	/		HYSICIAN -				1/6	5 80	0
		226. PHYSICIAN'S NAME (TYPE	OR PRINT		,	22e. ADDRES	s Pn	Brx . 57	a			•	
		UALAM	VIVI	XWILE		V L	111 4	Deer	Ita	M	1 ;	10	01
	23a B	URIAL, CREMATION, REMOVAL	236 DATE	23ε. Ι	NAME OF CE	METERY OR C	REMATORY	234 LOCATION		1			
	R	SPECIFY)	JAN 9	1986 5	T. IL	NATIL	S CEM.	HICKELY	, HA	REOR	6, M	D	TATE
	24 FL	INERAL DIRECTOR	1=11107 1			1011106	250. DATI		R 256 REGI	STRARS	SIGNATU	JEE .	
4	Ta	PRINCE GIAMORN Y	lome, P.A.	AAC AACAA	MA	21001-33	399	AN 9 198	ful	in Day	Hason	Thors	456
	17	LUIND MUCKAL	Ofric, P. 7.	THUCK-UCEN	TILD.	-1001-06	///	AN SISO	-				

DHMH - 16 60M 7/84

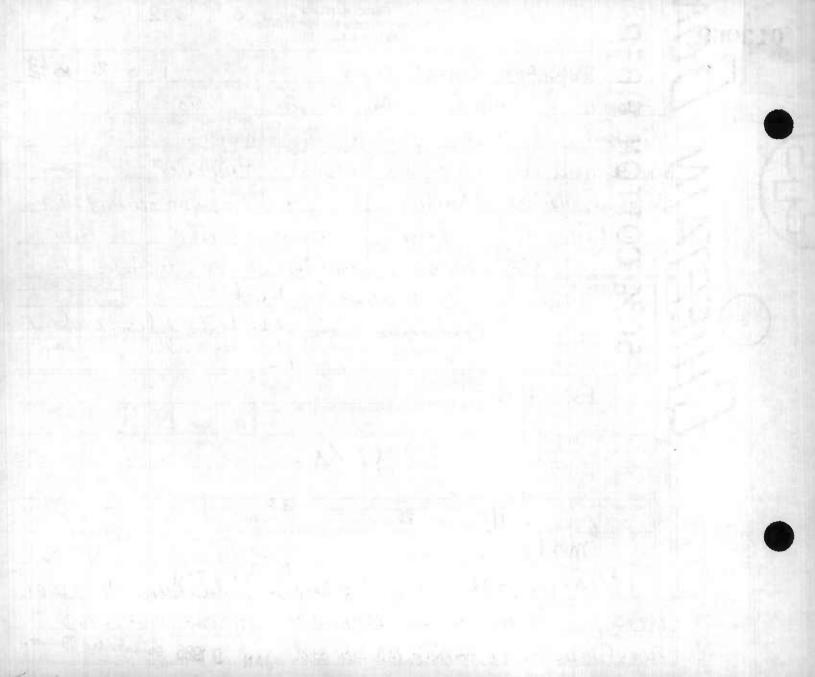
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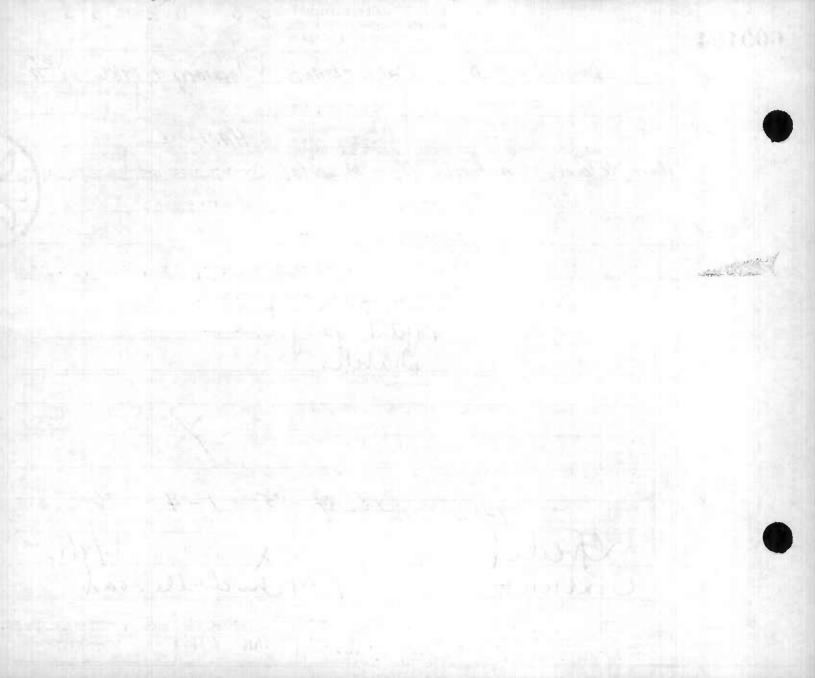
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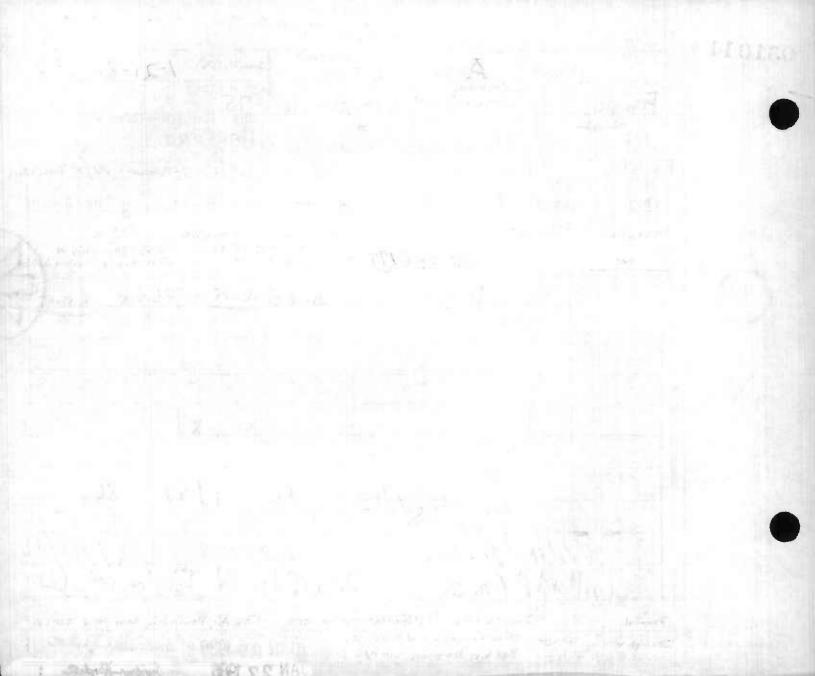
Is marked or Item 18

IMPORTANT. IF HE

(VRA 15, 4)







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•	death, Page	uneral dienct fo 72 haurs o
0717	hours other	
MAKTLAN	ad within 24	ond 2 should
SALIMORE	1	R
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLIMONE, MARTINANG 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death caracteristic entering within 24 hours after death. Fage a may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the official of pickets in additional times after the proper 3 should be detached for use as the burial-transit permit. Then please remove comparable in an and 2 should be true as the burial strain permit. The prior to burial, cremation with the State Dept. of Health and Mental Mygiene prior to burial, cremation
W. PK.	res that the	ned by the or please remo
AL KECOKDS	he law requi	has been sig t permit. Ther ene prior to b
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S A A	TENDING Portol or offer	TOR After the far use as the of Health and
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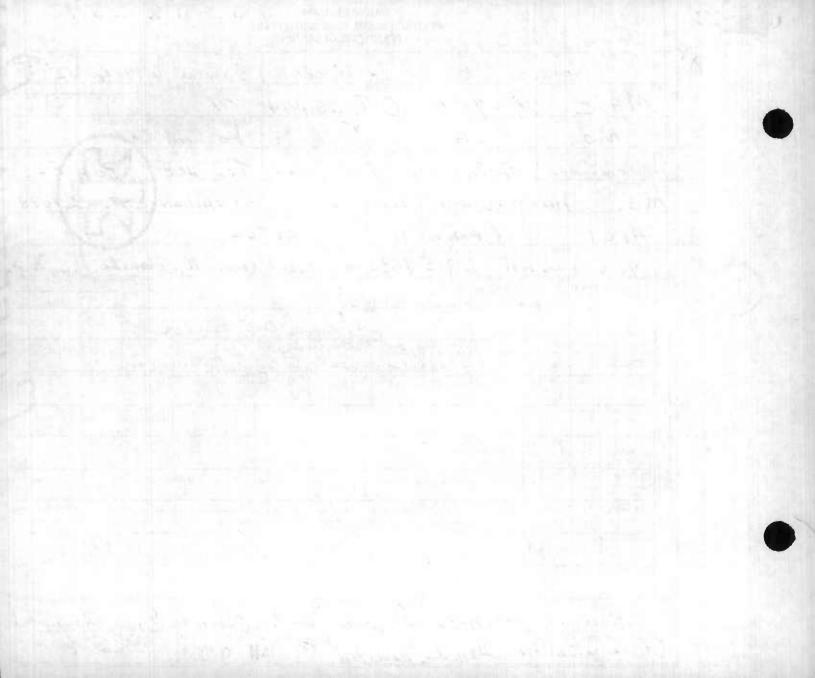
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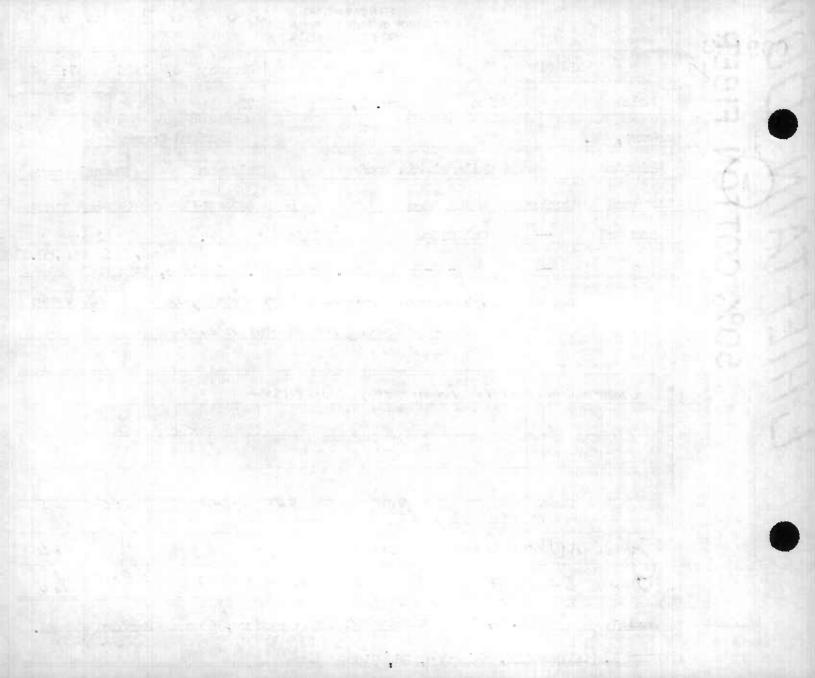
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STATE OF MARYLAND	O	0	
EPARTMENT OF HEALTH AND MENTAL	HYGIENE		
CERTIFICATE OF DEATH			

	-	STATE REGISTRAR		CERTIFICA	ATE OF DEATH	REG. NO	0.	Militar
5		CEASED NAME FIRST	re E	CRO.	mwell	Januar	56,1986	12 HOURS P
1	3. SEX	MALE	Negro	OCT.	25 1914	6 AGE (IN YEARS LAST BIR	YRS	IF UNDER 24 HRS HOURS MIN.
		OUNTRY) Md	VB. CITIZEN OF WHAT COUNTRY?	MARRIED WIDOWED	DIVORCED [P BALTIMORE CITY O	Co,	MD.
	H	Aure de Grace	II. NAME OF HOSPITAL, NURSIN (IF NOT IN SUPH FACILITY) GIVE STREET	address)	Lospital	120 USUAL OCCUPATION OF WORK FOR MOST OF LEACHE	F WORKING LIFE) INDUSTRY	1 ED.
9	130 S	TATE 136 COUNTY	OTHER INSTITUTION GIVE RESIDENCE BEFORE TY REFORD HAVEEJE	GEACE Y	ES NO	554AIIIA		21078
1		Abel	RODLE CROMWE	11		HA MIDDLE	UN	K.
			war or Datesi 219.05-4	1532	Gences (romirell,	Hanede)	heen he of
	ATION	Conditions, if any, which give rise to immediate chise to immediate chise tall stating the underlying course lost. PART 2 OTHER SIGNIFICANT CO. 190. DATE OF OPERATION	DUE TO, OR AS A CONSEQUE DUE TO OP AS A CONSEQUE ONDITIONS CONTRIBUTING TO D 19b. CONDITION FOR WHICH	NCE OI DEATH BUT NO	T RELATED TO THE TERM	A priese HAL DISEASE OR CONI	DITION GIVEN IN PART 1	
1	CERTIFICATION					YES NO	IN CERTIFYING CAUSES	OF DEATH?
	MEDICAL CE	710. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEAT LIFE EITHER, NOTIFY MEDICAL EXAMINER) 210. INJURY OCCURRED WHILE AT WORK AT WORK		AY YEAR 19	I LOCATION STREET	ED (ENTER NATURE OF INJUR		STATE
	100	220.1 certify that (1) (this hospits sow the deceased alive an above, (1) (we) (did) (did not) 22b. SIGNATURE	ot) ottended the deceased from view the body ofter death		not in (my) (our) opinion d	MEDICAL STAF	ote and have and from the	
		22d. PHYSICIAN'S NAME ITYPE OR			e ADDRESS			
	13	URIAL, CREMATION, REMOVAL SPECIFY BUREAL	Jan. 11-86 F	OF CEM	ETERY OR CREMATORY	23d LOCATION PILY OR TOWN AAree Le	Gray H	refort med
	C	talis & Bull	el - Dane den	hace 1	31078 250 DATE	N 9 1936	Total Bellin Man	No.



Children and the his Company was a series of the se



DHMH - 16 50M 4/83 (VRA 15, 4)

BURIAL

24 FUNERAL DIRECTOR

230. BURIAL, CREMATION, REMOVAL

MITCHELL FUNERAL HDME PA, HAVRE de GRACE, MD. 21D78

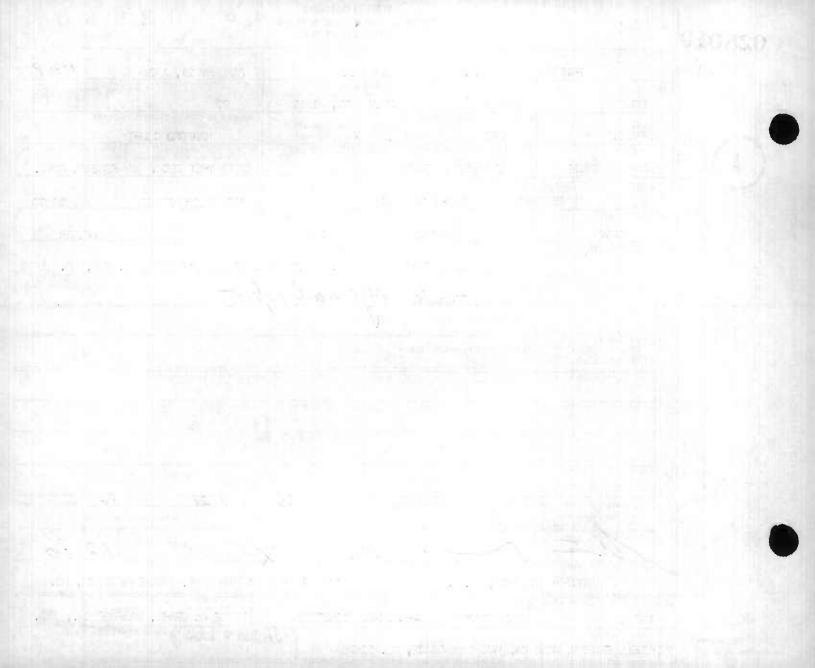
23JANUARY86

23b. DATE

ANGEL HILL CEMETERY 250 DATE RED DOWNERS MAR 25 PREDISTRATES SIGNATURE

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION HAVRE de GRACE, HARFORD CO., MO.



63	1 -	FOR STATE REGISTRAR			DEPAI		EALTH AND	MENTAL HYG DEATH	REG. 1	10	0 0	•
UU		CEASED NAME OR PRINT) Min	nie	٧.	DDLE	Di	ck		20 DATE OF DEATH Janua:		986	26 HOUR 4:00 a
40	3 SEX	remale	4	RACE White		S. DATE C		18 9 2	6 AGE (IN YEARS LAST B	RIHDAY]	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
26	7a. BII	OUNTRY) Maryl		CITIZEN OF W	HAT COUNTR	MARRIEI WIDOWE		MARRIED DI	9 BALTIMORE CITY Harford			MD.
D		ty or town of DEA Cardiff		1.580 Ma	SPITAL, NUR	SING HOME C	R OTHER IN	STITUTION	12a USUAL OCCUPA	TION OF WORKING LIF	126 KIND OF INDUSTRY	BUSINESSOR
	USUA 13a S M C	L RESIDENCE (IF NURS TATE 1.	Harro	rd I	ve residence bei 3. CITY OR TO Cardi		13d. INSIDE	CITY LIMITS?	13e.STREE 800 Mas.	in ^{ZIP} SCODE	, Cardi	ff,Md 21
6/	14 FA	Nelson	MIC	DD(E	ATI	en	15 MOTHER Ret	tas tas	WE WE		Jar	vis
тебісо	No.	VAS DECEASED EVER	IN U.S. ARME		66 SOCIAL SE 213-38-		Iren		1580 Main		ardiff,N	Md
1		18 CAUSE OF DEAT PART I. DEATH W	H (Enter anly AS CAUSED E	BY		andic	mu	2 -			APPROXIM BETWEEN OF	NATE INTERVAL NSET AND DEATH
v other troumline		Conditions, if any, gave rise to immore cause (a), stating underlying cause	mediate ng the	DUE TO, OR	AS A CONSEC	much	are	lun	g disea	ee,	chro	nic
O state of state of	CERTIFICATION	PART 2 OTHER SIGN 190 DATE OF OPERA	uthe	Ulin	, lle	O DEATH BUT	rem	Waler	NAL DISEASE OR COL	20b. IF YES	EN IN PART 110 S, WERE FINDING YING CAUSES O	GS USED
Man 18 sh	MEDICAL CER	21a. ACCIDENT WAS UND OR CONTRIBUTING [] (IF EITHER NOTIFY MEDI- 21d INJURY OCCUR	CAUSE OF DEATH	P,M	MONTH	DAY YEAR			RED (ENTER NATURE OF INJ		- Land	
o'hed o	MEC	WHILE NOT WE AT WORK		21e PLACE O	T, FACTORY, OFFIC	CE, FARM, ETC)	21f LOCAT	ET	CITY OR T	OWN	COUNTY	STATE
ff Rein 21 is ma		220.1 certify that (I) saw the decease above (II) with (I	(this haspital	the body a			1/10	ALLENDING HYSICIAN	death occurred on the	date and hav	and from the co	auses stated
ORTANT		Herbert			MD		22a. ADDRE Wh		, Maryland		1	1

STATE OF MARYLAND

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35033	1-	FOR STATE REGISTRAR			DEPARTM	NENT OF H	OF MARYL EALTH AND CATE OF I	MENTAL HYG		0 2	0 6	2
- h	I DÉ	CEASED NAME	FIRST		AIDOLE		ST		20. DATE OF DEAT	H MONTH	DAY YEAR	26 HOUR
1 1		NO	RMAN	B	ENNETT	D	ILL		January	20	1986	MA
1 12	3.5E			4 RACE		S. DATE OF BIRTH			6. AGE (IN YEARS LAS	T BIRTHDAY)	MONTHS DAYS	
1101	1	Male		Whit	MONIH	21	06	80	YRS.		HOURS M	
	ROCKS, Md.			76. CITIZEN OF V	WHAT COUNTRY?	MARRIEI WIDOWE	NEVER /	MARRIED .	. Harrord County			
10		ty or town of dea 1 Air	TH	(IF NOT IN SUC	11. NAME OF HOSPITAL, NURSING (JENOT IN SUCH FACILITY, GIVE STREET ADI 761 Henderson Roa		G HOME OR OTHER INSTITUTION		17a USUAL OCCUP (TYPE OF WORK FOR MC Farmer	OST OF WORKING	UFE) INDUSTRY	of Business of
(136	13a S Ma	ryland	136 COUN Harf	VIY	GIVE RESIDENCE BEFORE 134. CITY OR TOWN Bel Air		13d INSIDE C	NO 🔀	136 STREET ADDRE	ss / zip cot rson R	oad	21014
100	14 FA	Andrew	Jac	ckson	Dill			S MAIDEN NA	Marga	tret	Badde	rs
Poplar 1	5	VAS DECEASED EVER VES NO OR UNKNOWN)		E WAR OR DATES)	166 SOCIAL SECUI 218-38-49	100	Jackso		ill,Sr., 7	PBel A 71 Hen	ir,Md. derson	21014 Road,
on physics on physics		PART I. DEATH W	AS CAUSE	ily ane cause per D BY: TE CAUSE (0)4	line for (a), (b), and CARDIO	-RE		-			APPRO	XIMATE INTERVAL NONSET AND DEA
by the attending site remove corb i crimotian, or other other traumate	The state of the s	Canditians, if any, gave rise to imm cause (a), statin underlying cause	nediote g the	(b) <u>/</u>	R AS A CONSEQUE R AS A CONSEQUE	DA	9.5.C	, Ur D			2	YEAR
Then plan to by in	Z O	PART 2 OTHER SIGN	IIFICANT C	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR C	ONDITION G	IVEN IN PART I	(a
September 2	ETIFICATI	190 DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATION	N WAS PERFO	DRMED	20a AUTOPSY?	IN CERT	ES, WERE FIND IFYING CAUSE (ES []	INGS USED S OF DEATH? NO
physic enflicts software months man 18 s	CAL CES	210 ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEA		M. MONTH DA	Y YEAR	21c HOW IN	JURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM 1E	PART I OR PART 2)	
of the by Andrew	MEDH	21d IN JURY OCCURR	ILE	21e PLACE (OF INJURY EET, FACTORY, OFFICE FA	ARM ETC	21f LOCATION STREET		CITY C	OR TOWN	COUNTY	STATE
for use of Health		220 I certify that (I) saw the deceose	d alive on	28 7h	20 195	- / -	d that in (my)	. 19 // (our) apinion	to 2000 death accurred on th	e date and ha	19 Scart In 19	, that (I) (we) e causes stated
AL DRECK		77b. SIGNATURE	we	1 Rbh	well	Mi	GREE	ATTENDING PHYSICIAN (*	MEDICAL ST	STAFF YSICIAN []		30-86
D = 5 3 1	1	22d PHYSICIAN'S NA	ME LATRE O	R PRINT)			22e ADDRES					

Harvey P. Sidwell, M.D.

23b. DATE

230 BURIAL, CREMATION, REMOVAL

Burial

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/B4 (VRA 15, 4)

Howard K. McComas III, Abingdon, Md. 21009

23c. NAME OF CEMETERY OR CREMATORY

BelAir Memorial Gardens Bel Air Harford
250 DATE REC D. BY REGISTRAR 255 REGISTRAR S SIGNATURE

401 Franklin Street, Bel Air, Md. 21014

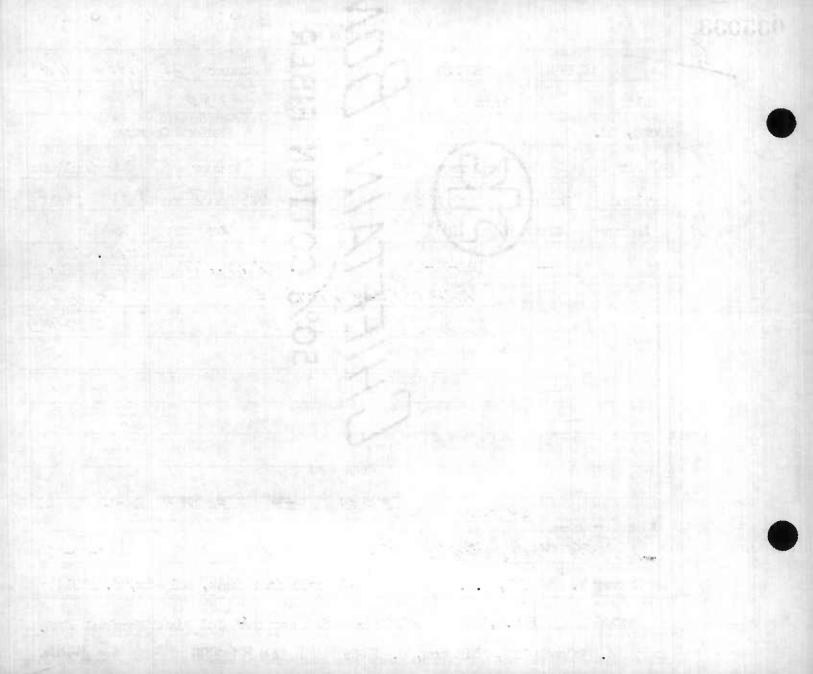
23d LOCATION

John Davidson Panders

STATE

_, that (1) (we) last

126 KIND OF BUSINESS OR Agriculture



020124	FOR STATE REGISTRA			DEPART	MENT OF H	E OF MARYLA EALTH AND A ICATE OF D	MENTAL HYG	IENE 6	0 2	0 6	3
poge 3	1. DECEASED NA.	Paul	4 RACE	MIDDLE L.	DiP	eso OF BIRTH		20 DATE OF DEATH	186	Y YEAR	26 HOUR 2:45 M
s ofte	Male		White		MONTH 8		YEAR 1932	53	YRS	INTHS DATS	HOURS MIN.
10 10 10 10 10 10 10 10 10 10 10 10 10 1	70 8IRTHPLACE COUNTRY) Pennsylv			WHAT COUNTRY?	MARRIE	NEVER M		BALTIMORE CITY		F DEATH	MD
rs offer d	Fallst	on	11. NAME OF	HOSPITAL, NURSING CHEACILITY, GIVE STREET	ADDRESS)	R OTHER INST		12a USUAL OCCUPA (TYPE OF WORK FOR MOST Self Empl	OF WORKING LIFE	INDUSTRY	F BUSINESS OR Owner
24 hou	USUAL RESIDENCE 130 STATE Maryland	136 COU	NTY	13c. CITY OR TOW	/N	13d. INSIDE CI	TY LIMITS?	13e STREET ADDRESS 2411 Frie		Road	21047
ompletely ond 2 sh	IN FATHER'S NAME FIRST		WIDDLE	DiPeso		Flo	rence	WIDDIE		Umid	
on ond or Pogest	160 WAS DECEAS (YES, NO OR UNK Yes	SED EVER IN U.S. AI	VE WAR OR DATES)	147-24-6		Joseph		DiPeso		as 13	e
es that the death certificated by the attending phylogole carbon please remove carbon puriol, cremotion, or temo, or other traumatic even.	Conditions gove rise couse co underlying	to immediate on, stating the couse lost.	TE CAUSE (6) DUE TO, C (b) DUE TO, C	DR AS A CONSEOU	ende of chop	arr short		INAL DISEASE OR CO	AIDITION A IVE	2	-3d(?
N. The low require yestion. cote hos been sign onsit permit Then Hygiene prior to bill 8 shows goy injury	THICATION 190 DATE C	FOPERATION	196 COND	DITION FOR WHICH	yel	N WAS PERFOR	X /	42 80 (1200 AUTOPSY? YES □ NO□	20b. IF YES, YES	WERE FINDING CAUSES	is used
PHYSICIAN. T fending physici. This certificate the buriol-transi and Mental Hygined or item 18 sheet or item	OR CONTRIBLE	IT WAS UNDERLYING [ITING CAUSE OF DE IOTIFY MEDICAL EXAMINE OCCURRED NOT WHILE	ATH HOUR A	.M. MONTH D. .M. OF INJURY IREET, FACTORY, OFFICE I	19	21f LOCATIO		ED (ENTER NATURE OF IN.		(COUNTY	STATE
OR ATTENDING the hospitol or of DIRECTOR Afree sched for use os Dept of Health	22a 1 certif	y that (I) this hosp	itol) off ded the	he desposed from	876 or	d that in m	our) opinion o	, to leath occurred on the	dote and hour a	and from the	
by the by the state of the stat	(TAN'S NAME (TYPE)	- 0	Jan -	wa	A.	HYSICIAN F	MEDICAL ST.	AFF ICIAN []	Follow Delle	4/86
TO HOSP retoined TO FUNIS should be with the Limborta	23a BURIAL, CRE/	MATION, REMOVAL		1N, Mal	NAME OF C	EMETERY OR C	REMATORY	23d LOCATION	//9/	1 31/5	100 100
BP	Burial 24 FUNERAL DIRI	CIOR	1/17/		cred 1	Heart O	f Jesus	Dundalk		county	Marylan
DHMH - 16 60M 7/84 (VRA 15, 4)	NAME	Duda- se Avenue	Ruck, I	nc. ADDRESS ndalk, Ma	rylan	1 2122	AF	N 1 6 1986	Juna Da	vidson-/	Sindelle

\$51 BOX all the first box is find the

	a solved	4	1.	FOR STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL H ICATE OF DEATH	YGIENE 6 O	2	0 6	in d
020	211.	_0		CEASED NAME 2 FIRST		WIDDLE		AST	20. DATE OF DEATH N	ONTH DA	YEAR	2b. HOUR
	be 3		1.	Victoria (DOR)			DOROE	A		1 14	86	12:45 P
	poge er deot		3. SE		4 RACE		5 DATE C		6 AGE (IN YEARS LAST BIRTH		FUNDER I YEAR	IF UNDER 24 HRS
	oge 4 rector			Female	White		Hug.	2, 1898 YEAR	87	YRS	ONTHS DAYS	HOURS MIN.
	nerol di n 72 ho	35		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED DIVORCED			OF DEATH	MD
-	y the fu	Carry Carry		VRE de GRACE	(IF NOT IN SU	CH FACILITY, GIVE STREET	ADDRESS)	ROTHER INSTITUTION	120 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF	N	INDUSTRY	OF BUSINESS OR
12 H	e file	100	Ust	AL RESIDENCE LIF NURSING HOME O	R OTHER III SHITOS	ZENS NURS	E ADMISSIONI	OME	Linex work		aise	illery
1	filled hould b	3	130	Md.	YTY	Balto.	/N	13d. INSIDE CITY LIMITS?			et 212	3/
RYL	within etely 12 s	JE A	14. F/	ATHER'S NAME	MIDDLE	JAST		15. MOTHER'S MAIDEN N	\$uppus	mile inc	IAS	
AA	ono ono	SUC	8	Vincent		Wichert		France	1.	1	Budzyn	ska
ORE,	od co	dicol	160	VAS DECEASED EVER IN U.S. AI	RMED FORCES?	166 SOCIAL SECU	JRITY NO.	17. INFORMANT	ADDRES	S		
BALTIMO	Pog-	E	l '	YES NO OR UNKNOWN) (IF YES, GI	VE WAN ON DATES!	219-18-6	5203	Frances Le	Lonek 4026 EL	none /	lve. 21	1213
IDS, 201 W. PRESTON S	quires that the death cer is signed by the attending Then please remove corbot to buriol, or re	njury, or other troumotic e	NO	Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse lost PART 2. OTHER SIGNIFICANT	(c)	OR AS A CONSEQUE		NOT RELATED TO THE TEI	RMINAL DISEASE OR COND	TION GIVE	N IN PART TIE	5
I RECORD	on. hos beer permit.	3	CERTIFICATION	19a DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTÓPSY?		WERE FINDIN	
OF VITA	CIAN. TI a physicic errificote ol-tronsit	B		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A	DE INJURY .M. MONTH DA	AY YEAR	21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY			, to []
DIVISION OF	Offending let this cert is the buriol sond Mente	rked or the	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, F		211 LOCATION STREET	CITY OR TOW	٧	COUNTY	STATE
۵	or or se o	E	83	22a. I certify that (I) (this hosp	ital) attended th	ne deceosed from_		. 19	, to	19	9	that (I) (we) lost
	ATTEN Seputol SCTOR: d for us	21 is		sow the deceased alive or above, (1) (we) (did) (did no	0 - 1 - 1	19	, on		on death occurred on the dat			, , ,
	8 4 8 9 G	E		22b. SIGNATURE	of view the body	offer deoth.		DEGREE			12% PATE	SIGNED
		=		bolling	QUA	11		ATTENDING			1/10	1/0/
	SPITAL I by 1th VERAL be dete	NA T	1	22d PHYSIGIAN'S NAME (TYPE	OR PRINT)	7	1	77+ ADDI	DIRECTOR PHYSICIA	N L	117	106
	F. F	MPORTAN	1	Jour	Di	YU11		Han	0 100	Tra	,	mel
	of of of shapes	¥ ·	23a. f	BURIAL, CREMATION, REMOVAL	23b. DATE	1236	NAME OF C	EMETERY OR CREMATOR	23d LOCATION	20-	4	74
	BP			SPECIFY) Burial	1-17-		Ly Ro		CITY OR TOWN Balto.		COUNTY	Mal
	HMH - 16 50M	4/93	24 F	JNERAL DIRECTOR	/ -		Ly NO	250. D	ATE REC'D. BY REGISTRAR 25	h REGISTRA	AR'S SIGNATI	URE
D	(VRA 15, 4)	1/03	2	ohn M. Weben &	02	407 ss S	· Che	ster St. 250. D	N 1 6 1096		wind boy	
			-0	WEDEN (V	JURA YR	C	1		ANTI- LINUS IN THE STATE OF THE	1 1100	1 0000	. 7.

THE THE TWO STORY 1 16 86 22:15 X ... LANGE de depuis : I I Land de depuis de la lange de la langue de la la 1915 - Colored Total . Velge Ligas June 12/ . Theates St. Saller

Tarring Funeral Home, PA, Aberdeen, MD, 21001-3399

MARYLAND 2120

DIVISION OF VITAL RECORDS,

STATE OF MARYLAND



FOR

REGISTRAR DECEASED NAME

- STATE

TYPE OR PRINTS

013057

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT A CERTIFICATE OF DEATH

Duty

James

	IENE		3
	REG. NO.		4
	26. DATE OF DEATH MONTH	DAY YEAR	755 M
A.R	73 YRS	MONTHS DAYS	HOURS MIN.
	BALTIMORE CITY OR COUNTY Harford Coun		MD
N	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING-LIF FOREMAN	E) INDUSTRY	ay Dept.
ITS?	130 STREET ADDRESS / ZIP CODE 2211 Mountain R	oad 2	1085
EN NA/	MIDDLE	McFadd	en
n A	Duty, 2211 Moun		ad,Joppa
res	+	APPROXI BETWEEN	MATE INTERVAL DNSET AND DEATH
er	t- CM)	APPROXI BETWEEN	
res	t- CM)	APPROX. BETWEEN	
E TERM	INAL DISEASE OR CONDITION GIV		MATE INTERVAI INSET AND DEATH
E TERM	INAL DISEASE OR CONDITION GIV	/EN IN PART 10	MATE INTERVALINASEL AND DEATH
	INAL DISEASE OR CONDITION GIV 200. AUTOPSY? 20b. IF YES IN CERTIF	ZEN IN PART 10	MATE INTERVAL INSEL AND DEATH OF DEATH?
	INAL DISEASE OR CONDITION GIV 200 AUTOPSY? YES NO YE	ZEN IN PART 10	MATE INTERVAL INSEL AND DEATH OF DEATH?

ATTENDING 12e ADDRESS

MEDICAL PHYSICIAN PDIRECTOR PHYSICIAN 22c. DATE SIGNED

23d LOCATION CITY OR TOWN

Harford

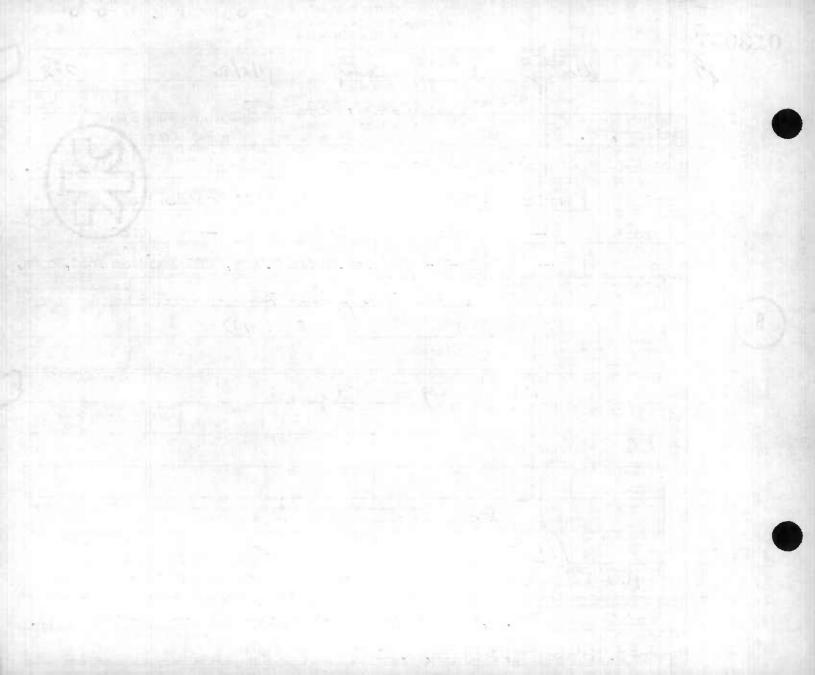
24 FUNERAL DIRECTOR

Howard K. McComas III, Abingdon, Md. 21009

Jan. 10, 1986 Bel Air Memorial Gardens Bel Air 250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S GIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.



The same of the sa

executed within 24 hours ofte

ATTENDING PHYSICIAN: The law requires that the death certificate be

offending physicion.

etoined by the hospital TO HOSPITAL

BP.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

EOP

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HELENE

1-	STATE REGISTRAR	DEF ARTME	CERTIFICATE OF DEATH	REG. NO.	
	CEASED NAME BEAT	ice J.	Gant	20. DATE OF DEATH MONTH	8 1986 9 N
3. SEX	Female	1. RACE S	May 7 1922	6. AGE (IN YEARS LAST BIRTHDAY) 6. 3 YRS.	MONTHS DAYS HOURS MIN.
	RTHPLACE (STATE OR FOREIGN COUNTRY)		MARRIED NEVER MARRIED NIDOWED DIVORCED	9. BALTIMORE CITY OR COUNT	y of DEATH rtord M
10 CI	WE de GIRCE	11. NAME OF HOSPITAL, NURSING		120 USUAL OCCUPATION NEXT OF WORK FOR MOST OF WORKING L	12b. KIND OF BUSINESS OF INDUSTRY
	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	1 100	MISSION) 13d INSIDECITY LIMITS? YES NO []	130.STREET ADDRESS ZIP COD	TANE 2100
14 FA	BEN BEN	MIDDLE Johnso	13. MOTHER'S MAIDEN NAME of there	MIDDLE	mills
	VAS DECEASED EVER IN U.S. AR YES NOOR UNKNOWN) (IF YES, GIV	MED FORCES! 166 SOCIAL SECURIT	17 NO. 17 INFORMANT 1872 Renneth	Gant-Ed	gewood, Ma
	PART I. DEATH WAS CAUSE	by one couse per line or (g), 161,000 (g) D BY: TE CAUSE (a)	usdon CHI	T. ASOU!	BET WEEN ONSET AND DEATH
	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSCIUENCE (b) DUE TO, OR AS A CONSCIUENCE (c)	solve ac	tas vales es	
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH OF		20a AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED IFYING CAUSES OF DEATH?
	210 ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DAY	YEAR	YES NO Y	PART (OR PART 2)
MEDICAL	(IF EITHER, NOT IFY MEDICAL EXAMINES 21d. IN JURY OCCURRED WHILE ONLY WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARA	211 LOCATION	CITY OR TOWN	COUNTY STATE
	220.1 certify that (I) (this haspi saw the deceased alive an above, (I) (we) (did) (did no	tal) attended the deceased from	, and mar , , (my, (est.) opinion	, ta	
	226. SIGNATURE	Lee		MEDICAL STAFF DIRECTOR PHYSICIAN	27c. DATE SIGNED
	J. 1	Lee	Lawou M	led Clinic	Ada.
	BURIAL, CREMATION, REMOVAL	Jan 13-86 Be	ME OF CEMETERY OR CREMATORY	Al. Bel air	Dayord, M

DHMH - 16 50M 4/83

(VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbon papers. Paged, and 2 should be filled within 72, with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.



valuati rani sa la paga ray na manda na la paga di Balanga. Na manda di Manda di Manda di Manda di Manda di Ma Manda di Ma

PRESTON ST

014104

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 2a DATE OF DEATH 2b. HOUR FPE OR PRINT) dward AGE (IN YEARS LAST BELADAY) DATE OF BIRTH Male White Nov. 10, 1913 TO BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALJIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Wash D.C. U.S.A. WIDOWED DIVORCED 10 CATY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Diesel Mech. Ind. USUAL RESIDENCE (IF NURSING 13a STATE 13b 136 COUNTY 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE North 314 Lakeside Dr. Md Cecil East NOK YES [4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Elizabeth Cotter Edward Hawkes ADDRESS 4212 Hoffman Dr. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT YES NO OR UNKNOWN) LIF YES, GIVE WAR OR DATEST No Edward P. Hawkes Jr. Dale City, Va. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOX YES [NO [21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) STREET CITY OR TOWN COUNTY STATE WHILE NOT WHILE 22a I certify that (II (this hospital) attended the deceased from. _ that (1) (we) lost sow the deceosed abve on obove, (I) (we) (did)/(did not) view the body olter death. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE

DHMH - 16 60M 7/84

(VRA 15, 4)

should be deto with the State [

00

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Funeral Home

473b DATE

1-9-86

TIVE GERRING

22d PHYSICIAN'S NAME

230 BURIAL CREMATION REMOVAL

Burial

23c. NAME OF CEMETERY OR CREMATORY Ceder Hill

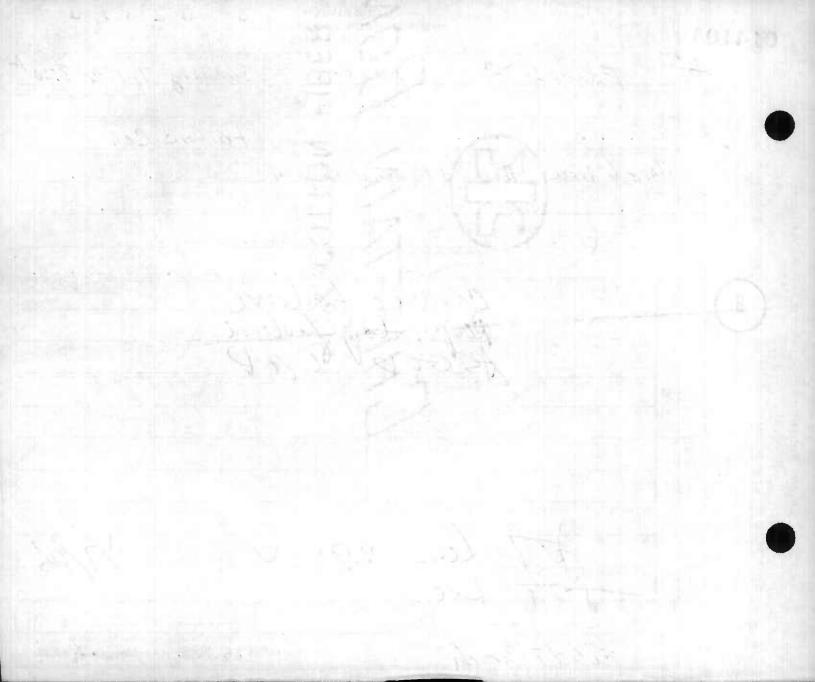
ATTENDING

MEDICAL

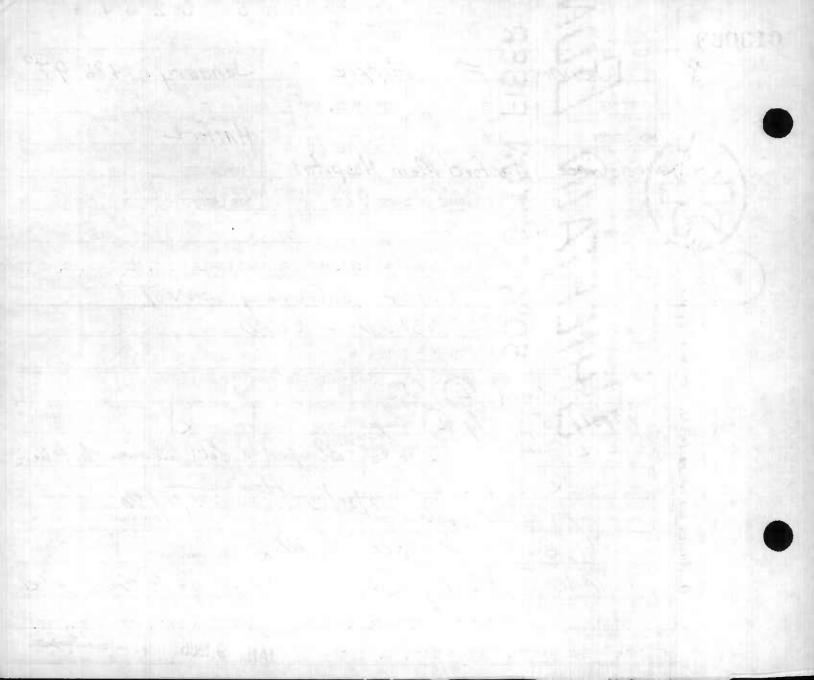
PHYSICIAN DIRECTOR PHYSICIAN

23d LOCATION

Sultiand Princes Georges 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE North East 1 Mt 1



04.2000	1-	FOR STATE			DEP	ARTMENT OF	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH		0 /	1	
013068	1 050	REGISTRAR	FIRST		MIDGLE	CERTI	ASI	REG. NO.	DAY YEAR	2b HC) I like u
0 m = 10		OR PRINT)		12		4.	ala	lance	1100	10	20
oy b	3 SE)		14 /1	4 RACE S. DATE OF BIRTH			DE RIPTH	6 AGE (IN YEARS LAST BIRTH AY)	IF UNDER LYE		RS RS
F G P	J. SEA					MONT	DAY YEAR		MONTHS DA	TS HOURS	MIN.
1 1 1 1 1	2 00	FEMALE		WHITE	WILLAT COUNT		ARY 30, 1893	92 YRS 9 BALTIMORE CITY OR COUNTY OF DEAT			
4 10 4	(RTHPLACE (STATE OR FO	REIGN		WHAT COUN	MARRIE	D NEVER MARRIED	Il astron	JIVII OF BEATH		
1 11 11	_	NEW JERSEY	LI .	USA 11 NAME OF	HOSPITAL NI	WIDOW	DROTHER INSTITUTION	126. USUAL OCCUPATION	12h KIN	D OF BUSII	MD. NESS OR
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

(VRA 15, 4)

STATE OF MARYLAND

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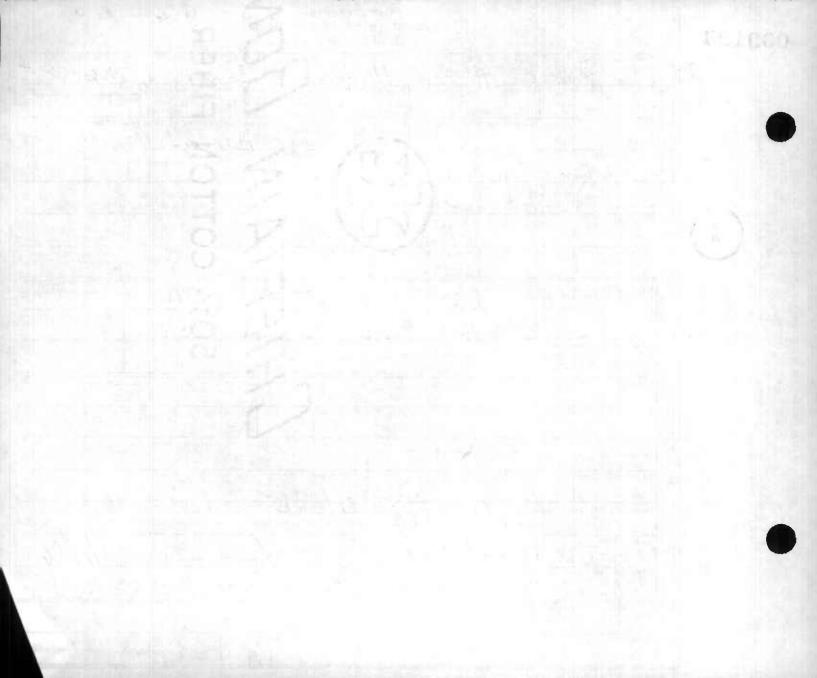
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O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be efoined by the hospital or ottending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and stipling that in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Poor it and 3 that it be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayol.	IMPORTANT: If hem 21 is marked at Hem 18 shows ony injury, or other troumotic event, the med at some or that I enotiting a back
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(VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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ow be price only	CAI	19a DATE OF OPI	ERATION	19b COND	ITION FOR W	HICH OPERATIO	N WAS PERFORM	ED	20a AUTOPSY		YES, WERE FIN	NDINGS USED ISES OF DEATH?
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N: Trops cope cope No. 1 Hyg	CERT	21a. ACCIDENT WAS		216. TIME C		DAY YEAR	21c. HOW INJUR	RY OCCURRED	(ENTER NATURE C	F INJURY IN ITEM	18 PART I OR PART	2)
ICIA p p p ertificial-trinol-t	AL		CAUSE OF DEATH		.M.	19						
HYS rding bur bur ar II	MEDICAL	21d. INJURY OCC		21e PLACE	OF INJURY		211. LOCATION	3 85 7	- 17000	OR IDWAY	COUNTY	STATE
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R All hosp red f em	18	gbove, (1) (we) (did) (did not) view the body after death. 22b & IGNATURE 1 DEGREE										
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PITAL by † by † IERAL Stote ANT:		22 PHYSICIAN"	S NAME LIVE OR	PRINT)			22 ADDRESS	SICIAN 1	DIRECTOR PI	ITSICIAN [1/00
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	- (3	URIAL, CREMATIC	ON, REMOVAL	23b. DATE			EMETERY OR CRE		23d LOCATION		COUNTY	1.51
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DHMH - 16 60M 7/84		NERAL DIRECTO		D 4	A 1 ADDS	MD 2	1001 2200		EC'D. BY REGIS		SISTRAR'S SIGN	
(VRA 15. 4)	lar	ring Fun	ieral Ho	me, P.A.	Aberde	en, MD, Z	1001-3399) IA	N 19	60 9W	AND RECEIVED	The second second



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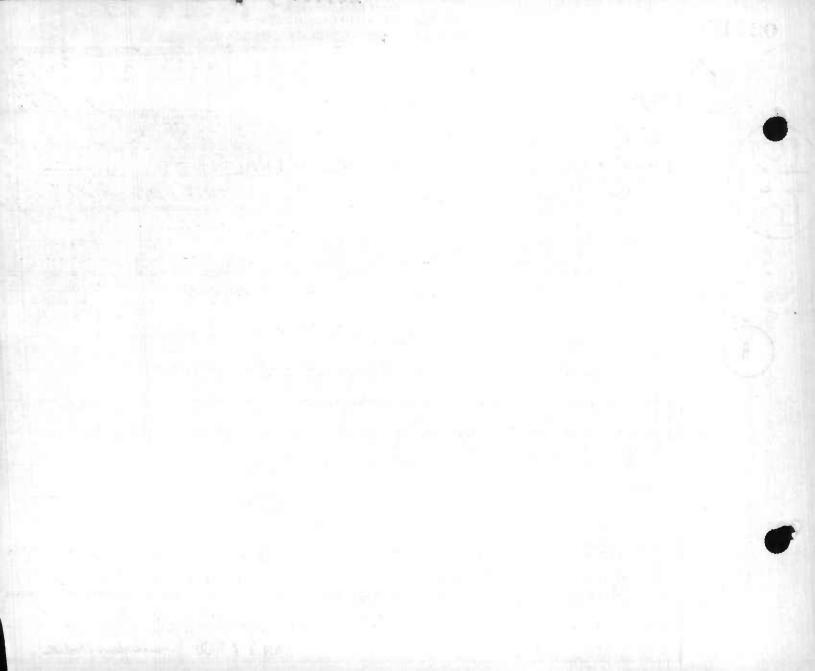
STATE OF MARYLAND S DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

		REGISTRAR					REG. NO.				
		CEASED NAME FIRST	MIDDLE		r 1	st .	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR		
		Mar	4	K	H	NoTTA	Jan	1 1986	4:44 M		
	3 SEX		4. RACE		5. DATE O	DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	HOURS MIN.		
0	1	Female	Whi		Mar	ch 25 1928	57 YRS				
6		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	BALTIMORE CITY OR COUNT	Y OF DEATH			
		Maryland		SA	WIDOWE		Hartord		MD.		
1	10 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		ROTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING)		F BUSINESS OR		
6	Ho	AVRE de GRACE	Harfor	I memo		Hospital	Homemaker		Home		
1		AL RESIDENCE (IF NURSING HOME (TATE 13b COL		GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP COD)E			
6	1.00		rford	Edgewoo	-	YES X NO	624 Longwood Co		40		
	-	THER'S NAME				15 MOTHER'S MAIDEN NA	ME				
1		Joseph	H.	Sheel	er	Agnes	MIDDLE	W-17	son		
1		VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDRESS				
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		18 CAUSE OF DEATH (Enter of				GIIGHT TOD III	accon est bongin		MATE INTERVAL ONSET AND DEATH		
	100	PART I. DEATH WAS CAUS	SED BY:	aruti	mz			1.30			
		IMMEDIA	ATE CAUSE (a)	67.0				7.70			
		Conditions if you which	DUE TO, O	R AS A CONSEQUE	Arera	Coronery a	ut disease	74	ns		
		Conditions, if any, which gave rise to immediate	(b)		or	ul seven .	Dirbeter Million.				
	30	couse (a), stating the underlying couse last.	DUE TO, O	R AS A CONSEQUE	NCE OF		turner teum				
		PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO F	DEATH BUT I		- 11	IVENI INI DA DT. L.			
	Z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I TO GOVERNMENT OF THE PART OF THE PA									
7	ATIC	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATION	I WAS PERFORMED		ES, WERE FINDI			
2	CERTIFICATION	1.7. 16. forgrate 2 m toc of Obstracts & Sept fry YES NOTE YES OF DEATH?									
1	ERT	21a. ACCIDENT WAS UNDERLYING	21b. TIME C	OF INJURY		21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18		110 [
7		OR CONTRIBUTING CAUSE OF D	CAIR	M. MONTH DA							
1	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN	21e PLACE	M. OF INJURY	19	211 LOCATION					
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		AT WORK AT WORK	nital) attacked th	n document from	- /	. 6 . 10 86	1.7.	1086	shoe the found local		
		220.1 certify that (1) (this haspital) attended the deceased fram 19 to									
		above, (I) (we) (did) (did not) view the body after death. DEGREE 220. DATE SIGNED									
		MA ATTENDING MEDICAL STAFF							-86		
+		22d PHYSICIAN'S NAME (PPE	The control of the co								
		M- 73/56	704	M) ,		433 (mel	st nd6 mg.	210 7	8		
		BURIAL, CREMATION, REMOVA	1 23b. DATE	23c N	NAME OF CE	METERY OR CREMATORY	23d LOCATION	COUNTY	STATE		
		Burial 1/10/86 Mt. Nebo Cemetery Peachbottom Twp. York, PA									
B4		24. FUNERAL DIRECTOR 250 DA PE NOCIO BY REGISTRAY SIGNATURE									
	Jo	John Harkins 600 Main Street Delta, PA 17314									

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021106		STATE REGISTRAR		MED	ICAL EXAMINE	ER'S C	ERTIFICATE OF D	EATH REG. NO.		
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NECESSARY, PLEASE FUNERAL DIRECTOR. 5 FOR YOUR FILES. W. PRESTON STREEL.	FC	RTHPLACE (STATE OR REIGN COUNTRY)	7b	CITIZEN OF WH	SA	8. MARRI WIDOW	ED NEVER MARRIED (HARFOR	COUNTY OF DEATH	MD
COTHE FILED PAGE 5 PEFILED S. 201 W	10 C	ALLSTON) II	I. NAME OF HOSP	OF WORK 12h KIND OF B OR INDUS	USINESS TRY				
H. F. NY DELAY IS N. 2. AND 3TO THE FU. 2. AND 3TO THE FU. 3. RETAIN PAGE 5. 3. SHOULD BE FILED. THE RECORDS, 201 W.		TATE MA		FOR O	13c. CITY OR TOWN		13d INSIDE CITY LIMITS? 13#	Home maker STREE ADDRESS PI	acid Hely	in Mel 013
EKATH BEST 2.		ATHER'S NAME Franci	S		jer			ame ne Szulczewski	LAST	
PAGEST ON O	16a \		IN U.S. ARMEI		16b. SOCIAL SECURITY		17. INFORMANT	ADDRESS	2101	
S AF GINE PAG NISS		No			219-07-022	8	Margaret La	rge 2913 Plac		
HOUR EM 16. PMG W ERMIT.	8	PART I DEATH WA	H (Enter anly a AS CAUSED B' IMMEDIATE (Υ:	ar (a), (b), and (c).)	Any	1 Heart 1	DIHEORP	APPROXIMA BETWEEN ONS	TE INTERVAL SET AND DEATH
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DIVISION OF VITAL S. CERTIFICATE RITING THE WOR ROED TO THE CHIE E. 3 SHOULD BE USE TO EPERARTMENT OF TO PRIOR TO BURK	CERTIFICATION	21a. EXTERNAL CAUS		21b. TIME OF	MONTH DAY YEAR	21c. HC	W INJURY OCCURRED (ER	NTER NATURE OF INJURY IN ITEM 18 PA		44
RTIFICATE VG THE VG THE VG THE VG THE VG THE VG SHOULD PARTMER REIOR TO	3	UNDERLYING CONTRIBUTING	AUSE OF DEA	ATH P.M.	19					
DIVISI IS CERT RITINK REDED GE 3 SH	MEDICAL	214 INJURY OCCURR		21e PLACE O STREET, FACTO	FINJURY (AT HOME, DRY, FARM, ETC.)		CATION	CITY OR TOWN	COUNTY	STATE
12AAAE		AT WORK AT WO	ORK			1				
AER: THI CATE, W FORWA OR: PAC THE STATI		22a I certify that I	taak charge a	if the remains desc	ribed abave, held an	Autap	y , Inspection	Inquiry . and	I in my apinian	
MIN		death resulted fram:	Natural	causes .	Accident . Suic	ide 📗	, Hamicide U	ndetermined manner,		
CAL EXA THE CERT SHOULD SHOULD SATH, WIT		ACTUAL	/	0/	much	-	TITLE (SPECIFY)		DATE /- //	PK
SE S	1/	SIGNATURE			27 7	M	D. Wefung	MEDICAL EXAMINER	SIGNED	, , ,
TO MED EXECUTE PAGE 4 TO FUN AFTER DI BALTIMO		EXAMINER'S NAME (TYPE OR PRINT)	LUIS	EI	RENIEL		ADDRESS_464	allaucer	H de 5/10	cer
TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE ST. BAUTLIMORE, MARYLAND, 2	23a.B	URIAL, CREMATION, RE	MOVAL 23b.	DATE	23c. NAME OF CEM			d. LOCATION CITY OR TOWN	COUNTY	STATE
BP		Burial	0	1/18/86	St Stani	slau	Com I	Raltimore Md		STATE
DHMH - 17	24 F	UNERAL DIRECTOR D			Homes Inc		750. DATE REC'L	5. BY REGISTRAR 256 REGIS		
(VR A15 ME (5))	/1	10 Belair	Rd Ba	Itimore !	Md 21206		JAN 1	7 1986 June D	evidson-Pandel	2



		REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	0 / 6
£6007/	TYPE	CEASED NAME FIRST GRACE	WILLIAM	LIELEK LAST	20 DATE OF DEATH MONTH	8 86 5 P
march mo	1 SE	RTHPLACE TATABLE ON FOR CO.	A. RACE CAUC. 7b. CITIZEN OF WHAT COUNTRY	5. DATE OF BIRTH MONTH 3 18 24	6 AGE (IN YEARS LAST BIRTHDAY) O YRS	IF UNDER 1 YEAR IF UNDER 24 HR
128	n	ASS.	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED ING HOME OR OTHER INSTITUTION	9 BALTIMORE CITY OR COUNT	OLL NTY A
1100	J. 1050	ALLSTON ALRES DENCE IN MILE NO HOME O	FAUSTON GOVERNMENT OF THE PROPERTY OF THE PROP	EN. HOSP	HOMEMAKER	
10135	m	ARYLAND 136 COU	BALTIM	WN 13d INSIDE CITY LIMITS? YES W NO 1 15. MOTHER'S MAIDEN NA		vg Hwy 213
-200		HARRY WAS DECEASED EVER IN U.S. AF		TH EHA EURITY NO. 17 INFORMANT	MIDDLE ADDRESS	eward 21044
		ND	VE WAR OR DATES)	KATHLEEN	JAmitis 1907	HAREWOOD G
ertican g phys songap summa c event		PART I. DEATH WAS CAUSI	nly one cause per line far (0), (b), o ED BY: TE CAUSE (0) AWR	11.	LURE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
death of an area of a second o	6	Conditions, if any, which gove rise to immediate	DUE TO, OR AS A CONSECU	NENCE OF Hypineren	د،،ک	724R5
that the first the all common	Ç	couse (o), stating the underlying couse last	DUE TO, OR AS A CONSEQUENCE (c)	MARIC HORT	DU 43E	>4040
equires A signe Then pl to burn othery, o	NO	PART 2 OTHER SIGNIFICANT		DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GI	VEN IN PART 110
Service Servic	IFICAT	THE DATE OF OPERATION		H OPERATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO
SCIAN: og physic certifical mind thy men 18 s	ICAL CENT	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH I	DAY YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
The Ha	MEDIC	MAINURY OCCURRED	21e PLACE OF INJURY LATHOME STREET, FACTORY, OFFICE		CITY OR TOWN	COUNTY STATE
ATTEND occinal occinal difference of the view of the view of the view		saw the deceased afive an	ottended the deceased from	and that in (my) (aur) apinian	, to, to, death accurred an the date and had	
HOSPITAL ON med by this ho FUNERAL DIRE LIGHT LIGHT LIGHT LIGHT CHENTER LIGHT		22d PHYSICIAN'S NAME TYPE	DR PRINT)	DEGREE MO ATTENDING PHYSICIAN 1220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	1 / E / 86
TO HOSP refused to should be with the S	234 1	Moneya.	S MACVEY	FALLSTO	1230 LOCATION	VAC
BP	BI	PICEY) RIAL UNERAL DIRECTOR	11 13 86 H		BALTIMORE	COUNTY MS STATE
VRA 15, 4)	KA	CZOROWSKÍ FUN	ERAL HOME DERESS	525 FIERT St 11	N 1.3 1988	RAR'S SIGNATURE



FOR - STATE REGISTRAR DECEASED NAME

Female

West Virginia

lavre de Grace

Milton

Conditions, if ony, which gove rise to immediate cause (a), stating the

underlying cause

90 DATE OF OPERATION

21d INJURY OCCURRED

230 BURIAL, CREMATION, REMOVAL

Cremation

24 FUNERAL DIRECTOR

210 ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTA

160 WAS DECEASED EVER IN U.S. ARMED FORCES

O. BIRTHPLACE (STATE OR FOREIGN

ELEANOR

136 COUNTY

Balto

4 RACE

USA

Harvey

Howard K. McComas III, Abingdon, Md. 21009

(IF YES, GIVE WAR OR DATES)

TYPE OF PRINTS

EREX

130 STATE

Maryland

FATHER'S NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Jan. 13,1986 R.A. Ferris Crematory

CERTIFICATE OF DEATH REG. NO LAST 20. DATE OF DEATH MONTH 2b HOUR CANNON **KROH** January 13, 1986 6:30 AM 6 AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS March 12, 1902 White 83 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Harford County DIVORCED WIDOWED 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 664 Green Street US-govt. Ret. Clerk Kingsville 13d. INSIDE CITY LIMITS? 130 STREET ADDRESS / ZIP CODE 12032 Belair Road 21087 15 MOTHER'S MAIDEN NAME Cannon Lucinda Margaurite Traugh 16b SOCIAL SECURITY NO Md. 21087 17 INFORMANT 220-20-7642 Thomas B. Evans, 12032 Belair Road, Kingsville APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: CUTE MYO CARRIAL INFORCETOR DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO [21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2) HOUR A.M. MONTH DAY YEAR P.M 19 21e PLACE OF INJURY 21 LOCATION CITY OF TOWN COUNTY AT HOME STREET FACTORY OFFICE FARM ETC 1 STATE 220.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive an saw the deceased alive an above, (I) (we) (did) (did not, view the bady after death. and that in (my) (our) opinion death accurred on the date and hour and from the causes stated DEGREE 22c. DAJE SIGNED ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS STATE

W.Chester

Chester

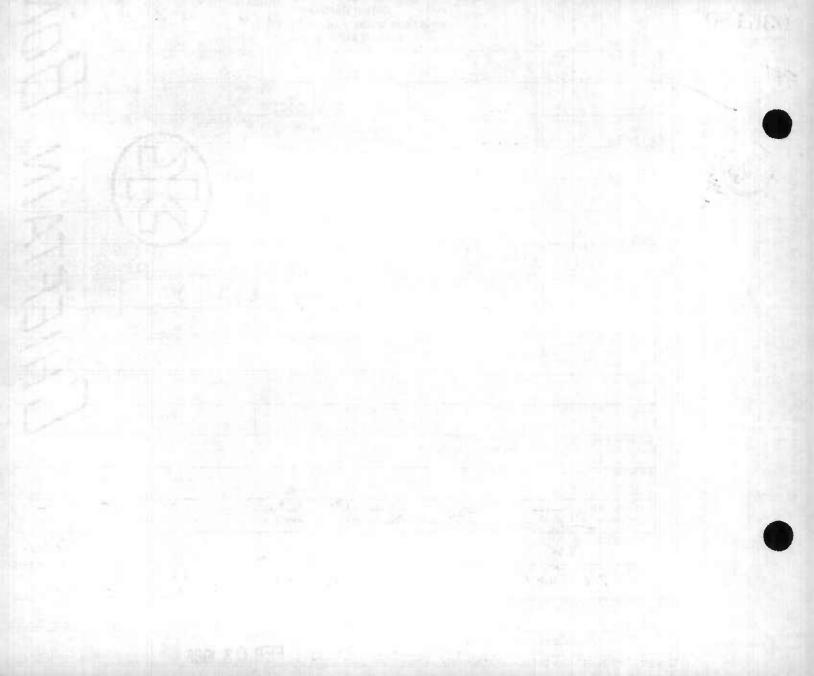
RAR 256 REGISTRAR'S SIGNATURE

sa war doon pandelle

(VRA 15. 4)

DHMH - 16 60M 7/84

D. 17 大线 2010年 1910年 1910年 1910年 1910年 Comp The Market Mar All Con Problem M. A. AND P. L. MAR.



DHMH - 16 60M 7/84 (VRA 15, 4)

UNDER 21 HE

26 HOUR

BALTIMORE CITY OR COUNTY OF DEATH

(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY US Gov't

65 Green Ave. /21001

opez

APPROXIMATE INTERVA 30

20b. IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? YES [NO [216 HOW INJURY OCCURRED (ENER NATURE OF INJURY IN ITEM IS PART I OR PART 2)

COUNTY

and that in (my) (aur) apinion death occurred on the date and hour and Iram the causes stated

22c DATE SIGNED -3-86

RD HARFORD.

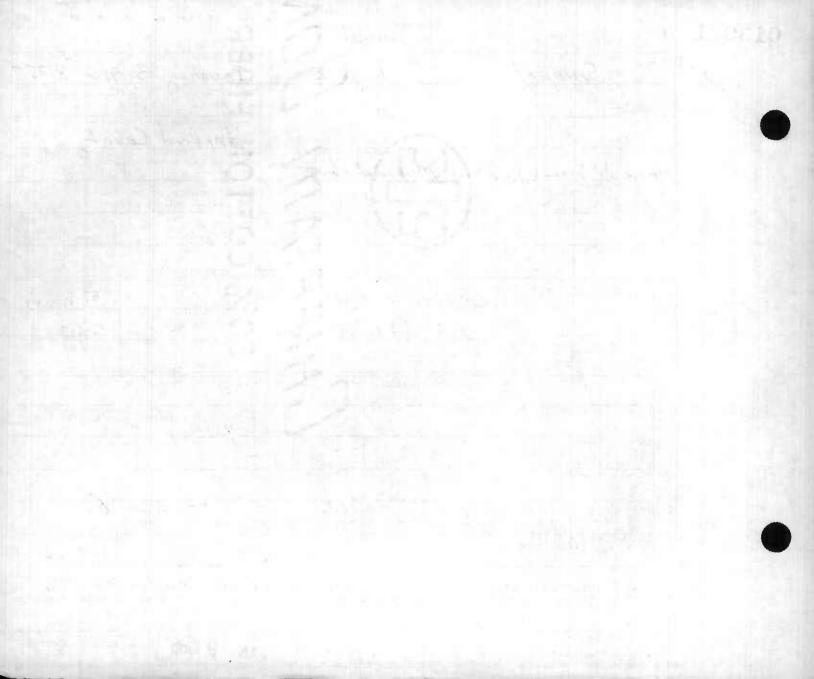
PALLSTON MD 21047

STATE

230 BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 236 DATE 23d LOCATION

Jan.6.1986 Aberdeen, Marford, Maryland Buria1 Harford Mem. Gdns. 24 FUNERAL DIRECTOR

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Tarring Funeral Home, P.A., Aberdeen, MD, 21001-3399



DHMH - 16 50M 4/83 (VRA 15, 4)

DIVISION OF VITAL RECORDS

Jes Eph William Foster melicial Frate

CrEmation

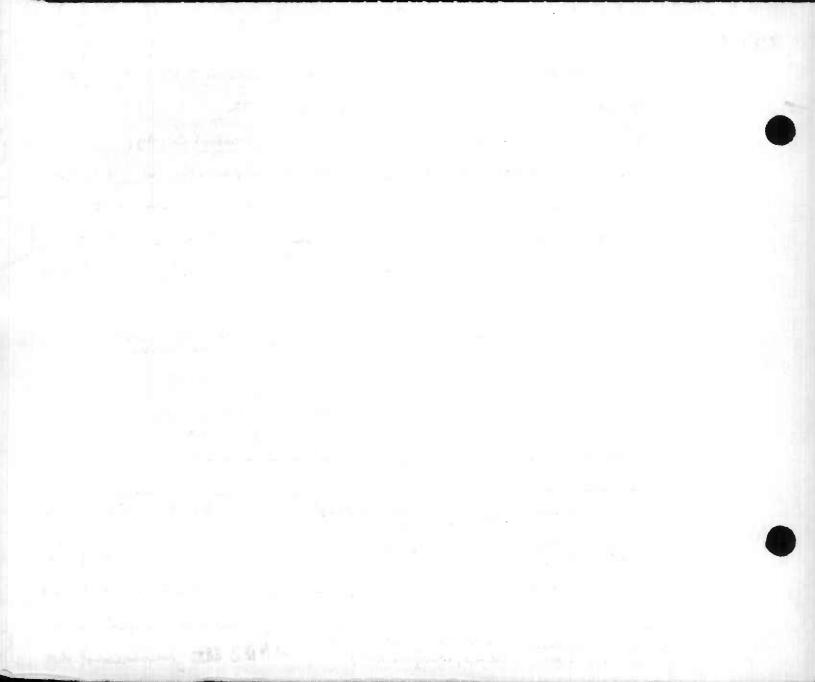
Jan. 9, 1986

BEL ATT. MATERIAN 21014

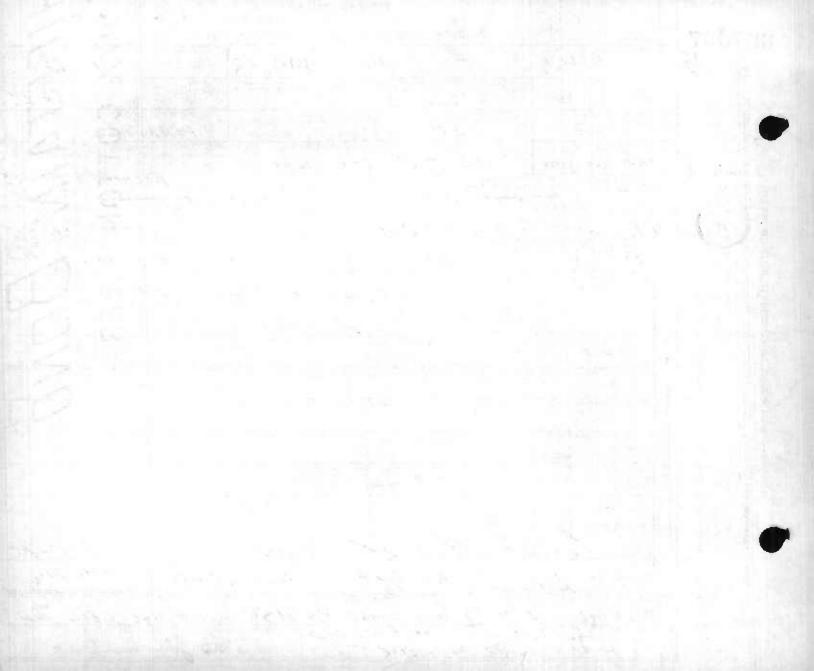
R. A. FErris & Co. Crematory 50 WiBroadway & Williams St.

WESTChESTET, PENNSYlvania 19380

250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE Filis Devidon Rondon



	1.	FOR STATE		ARTMENT OF HEA	F MARYLAND		082				
007067		REGISTRAR	MEDIC	AL EXAMINER	S CERTIFICATE C	OF DEATH REG.	NO.				
mana 15		CEASED NAME ALLEN	FMIDI	ple	Gugan	58. DATE KNOWN OF ESTI-DEATH MATED	MONTH DAY YEAR 75 HOUR				
DIRECTO OUR FILE DN STREE	3. SE:	M RACE	5. DATE OF BIRTH	(EAR LAST BIRTHDAY)	FUNDER 1 YR. IF UNDER	R 24 HRS. 2c. DATE MIN: PRONOUNCED DEAD	MONTH DAY YEAR 2d HOUR				
UNFICESSA UNFICESSA WITHIN	7e B	REIGN COUNTRY) S A	76. CITIZEN OF WHAT	b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COL							
PAGE :	D. C	Have do Jun		L, NURSING HOME, OR GIVE STREET ADDRESS)	OTHER INSTITUTION	12e. USUAL OCCUPATION (FOR MOST OF WORKING LIFE)	TYPE OF WORK 12b KIND OF BUSINESS OR INDUSTRY				
21201 ANY D BETAIN FELLID FECORE FECORE		TATE M CL 13b. COU	VIY - 130	DENCE BEFORE ADMISSION) CITY OR TOWN CHOWINGO	AEZ NO T	13e. STREET ADDRESS	OCK SPRING RD				
RE, MD.	19 L	ATHER'S NAME VILLIAM	PAULA	N 2 60161	15. MOTHER'S MAID	EN NAME MIDDLE	HALBELDHER				
BALTIMORE, MD. S. AFIER GOTTER GOVE PLESS 1, 2, THE FIGHN RM 3, PAGESS AND 5 VISSON OF TAXA	160	WAS DECEASED EVER IN U.S. A (IF YES, GIV	E WAR OR DATES)	SOCIAL SECURITY NO	17 INFORMANT 2 DOB	15 J. ME	6016AH MP				
ON ST., 24 HOUR ITEM IB LONG W PERMIT SIER F		18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUS IMMEDI	ED BY: ATE CAUSE (a)	CONSEQUENCE OF	Poriary 1	Heart DI	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
WITH WITH ALINGIE		Canditians, if any, whice gave rise to immediate cause (a) stating the underlying cause last.	(b)	CONSEQUENCE OF	ASCUD						
RECORDS, 2011 D. D. BE EXECUTED PENDING". IN PR MEDICAL EXAM MEDICAL EXAM ASA BURIAL- HEATTH AND MED. ". CREMATION, C	NO	PART 2 OTHER SIGNIFICANT CONDITION		DI RELATED TO THE TERMINAL O	ISEASE OR CONDITION GIVEN IN PA	ART 1 (a).					
マン・アン マン・アン・アン・アン・アン・アン・アン・アン・アン・アン・アン・アン・アン・アン	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION	20 AUTOPSY? YES □ NO 🗹							
PAR PAR OF SERVICE SER		210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF		DRY DAY YEAR	c. HOW INJURY OCCURR	ED LENTER NATURE OF INJURY IN ITEM					
DIVISION E: THIS CERTIFIC E: WRITING TH RWARDED TO S: TAGE 3 SHOU S: TATE DEPARTY O, 21201 PROR	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF IN STREET, FACTORY, F		LOCATION STREET	CITY OR TOWN	COUNTY STATE				
A S S S S S S S S S S S S S S S S S S S		220. I certify that I taak cha death resulted fram: Nat	57	d abave, held an Adent , Suicide	utapsy , Inspection , Hamicide .	Undetermined manner	and in my apinian				
MEDICA CCUTE TH SE 4 SHG FUNERA FENERA FENERA FUNERA	/	SIGNATURE EXAMINER'S NAME (TYPE OR PRINT)	us E 1	Deryse	M.D. Deput	SMEDICAL EXAMINER Y alliance	SIGNED -1-16 11 Hale Signed				
8b		URIAL, CREMATION, REMOVAL	236. DATE 2-4-86	231. NAME OF CEMETE	O BAPTIS	13d LOCATION CITYOFTOWN COMOWN	60 CECIL HD				
DHMH - 17 (VR A15 ME (5))	1	HAME TO FOAR P	FUNERAL	HOME SON	AN 250. DATE	3 1986 Shire	Javidson-Randale				



MITCHELL FUNERAL HOME PA, HAVRE de GRACE, MD. 21078

belia Davidson Rande

DHMH - 16 50M 4/83

(VRA 15, 4)

STATE OF MARYLAND

of the same of the same of the same of The March From St. M. T.

CEASED NAME TYPE OR PRINT

EARL

STATE OF FOREIGN

136 COUNTY

Harford

BRUCE

76 CITIZEN OF WHAT COUNTRY?

1003 Magnolia Road

USA

4. RACE

White

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH

NOV. 10, 1905

MARRIED NEVER MARRIED

DIVORCED

NO X

13d INSIDE CITY LIMIT

MERRITT

5. DATE OF BIRTH

WIDOWED

11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

GIVE RESIDENCE BEFORE ADMISSION

13c. CITY OR TOWN

Joppa

	REG. NO.	DAY	r	YEAR	26 HOU	R					
	January 29, 19	86	6		1:00	PM					
	6. AGE (IN YEARS LAST BIRTHDAY)	JF	UNDE	RIYEAR	IF UNDER 24 HRS						
	80 YRS	MO	NTHS	DAYS	HOURS	MIN.					
x	BALTIMORE CITY OR COUNTY OF DEATH Harford County MD										
	120 USUAL OCCUPATION LITYPE OF WORK FOR MOST OF WORKING I WATCHMAN	IFE)	126 KIND OF BUSINESS OR INDUSTRY Auto								
S?	13e STREET ADDRESS / ZIP COD		ad	2	1085						

1 - 1			
	3. SEX	Male	À
2		RIHPLACE (STATEOR OUNTRY) Ltimore, M	
		TY OR TOWN OF DEA	ATH
6	13a, S	AL RESIDENCE (IF NUR TATE Aryland	13b Ha
1	14 FA	THER'S NAME FIRST Melvin	
Ĭ	[7	AS DECEASED EVER ES NO OR UNKNOWN)	Z (II
1		18 CAUSE OF DEAT PART I, DEATH W	
		Conditions if nov	wl

15 MOTHER'S MAIDEN NAME MIDDLE Miller M. Merritt Florence ED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS Md. 21085 (IF YES GIVE WAR OR DATES) 216-03-2778 IIWW Juanita A. Merritt, 1003 Magnolia Road, Joppa OF DEATH (Enter only one couse per line for 101, (board ic DEATH WAS CAUSED BY AILURE Hours IMMEDIATE CAUSE (0 CELL CANCER couse stoting the DUE TO OR AS A CONSEQUENCE OF underlying couse ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11:0

CERTIFICATION 90 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED NOT WHILE

216. TIME OF INJURY MONTH DAY YEAR 21e PLACE OF INJURY

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

211 LOCATION MARCH

CITY OR TOWN

STATE

22c. DATE SIGNED

sow the deceased alive on. 22b SIGNATURE

HOME STREET, FACTORY, OFFICE, FARM ETC)

22e ADDRESS

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

and that in (my) (opinion death accurred on the date and have and from the causes stated

200 AUTOPSY?

216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

NOIX

-30 - 86

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

BP.

DHMH - 16 60M 7/B4 (VRA 15, 4)

the the

230 BURIAL, CREMATION, REMOVAL Burial Feb.3,1986

231 NAME OF CEMETERY OR CREMATORY

Blue Ridge Cemetery

DEGREE

MID

23d LOCATION

Thurmont

Frederick

24 FUNERAL DIRECTOR Howard K. McComas III, Abingdon, Md. 21009

HOUR A.M.

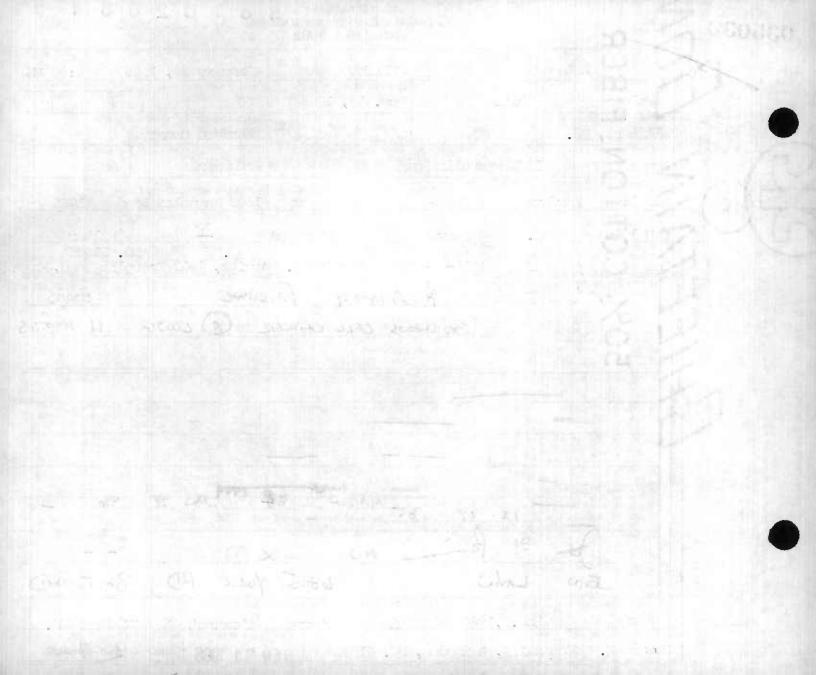
did not; view the body after death

22a.1 certify that (1) (this haspital) attended the deceased from

750 DATE REC'D

RECORDS, 201

DIVISION OF VITAL



TO RUNERAL DIRECTOR , should be detached for use with the State Dept of these

DHMH - 16 60M 7/B4

(VRA 15, 4)

TO HOSPITAL

PORTANT, III

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

Ť		REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.			
1		CEASED NAME FIRST		WIDDIE		WillEL	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR	
١	LIAME	OR PRINT) William	n	Edgar	mi	Mar	240mm 6, 110	1-8	- 96	4 A.	м
	3 SEX		4. RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS	_
1		WAJE	Whit		Augu	1st 10, 1905	YRS. DAYS HOURS				
		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	R COUNTY O	F DEATH		
M		rangland	u.s.		WIDOWE	DIVORCED	Harford	Co.,	17.6	М	D.
	10 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN TH FACILITY, GIVE STREET		OR OTHER INSTITUTION	12a USUAL OCCUPAT		INDUSTRY	F BUSINESS OF	R
4	Ha	vil de grace	Hortord	memo	rial	Hospital	HONE		HON	Ξ	
0		TATE 136 COUNTY AND THE PROPERTY AND THE	OTHER INSTITUTION	BEL ATT		13d INSIDE CITY LIMITS?	332 Gile	ZIP CODE	ED2	1014	
/	14 FA	THER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA			. 145		
4		Harry	MIDDLE	WILL		Elisabet	th moote		TAILE	=++	
1		AS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU		17 INFORMANINETHES	836-9372 ADDR	332 GilE	« Stre	+	_
		No -	_	213-62-6	6996	Mr. William B.A	imbrose Jr.	BEL Air.	Maryla	w 21014	
1		IE CAUSE OF DEATH (Enter or	ly one couse per	line for all (b) one	100	0	11.1		APPROX	IMATE INTERVAL	
ı		PART L DEATH WAS CAUSE IMMEDIA	E CAUSE IOL	45C	201). Sow	60 4				
ı		10.104.5	DUE TO, O	R SAN CONSEQUE	weeks	- Aink	110	,	111		
ı		Conditions, if any, which	(ib)_	1000	ally	sugget	morsey				
۱		gave rise to immediate course to stating the DUE TO, ON OPPOSONS POSENCE OF									
۱		underlying cause last	(10)_	Velu	100	alloy	V				
١	,	PART 2 OTHER SIGNIFICANT (CONDITIONS CO	ONTRIBUTING TO	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	PAPART 1		
4	CERTIFICATION	TO THE REPORT AND VALUE	Fine macon	,				Total se sinte s	VARIABLE STATES	VIEW THE STATE OF	_
d	HCA	IN DATE OF OPERATION	19E COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	78e AUTOPSYT	WERE FINDINGS USED NG CAUSES OF DEATH?			
4	RT I		- AM THE P	N 45 VIII I BOOK		1	YES □ NOX	YE5	tend .	NO 🗌	
ı	1190	TIB. ACCIDENT WAS UNDERLYING CONCENTRALITY OF DEATH	216 TIME O		Y YEAR	TIL HOW INJURY OCCURS	RED TENTER WATURE OF HUU	AL IN THE 28 PART	TOFFMED		
1	ICA	LIFETHER HIGHER MEDICAL ERAMINER	The second second second	CONTRACTOR OF THE PARTY OF THE	19						
1	MEDICAL	214 INJURY OCCURRED	7 In PLACE (42 HOME ST	OF INJURY	New EICs	211 LOCATION	CH+ 0410	NOTE:	COUNTY.	LOWIN	
А		a) = Det . Al + Ott		- Commission of the Commission	HEIS CO. II.				100		_
1		272.1 certify that (I) (this hospi saw the deceased alive on		e deceased from_	1 2	19	10	19	SHOW SHAPE	that (4 (we) far	st.
1		above, (I) (we) :did; (did no	ti view the body	ofter death.	-	nd that in (my) (our) opinion (death accurred on the di	ate and hour o		courts stored	_
ı		THE SIGNATURE	71	11	1	ATTENDING .	MEDICAL STA	17	171. DATE	12%/	
Н	10	778 PHYSICIAN'S NAME LLIPE O	1	7	10		DIRECTOR PHYSIC		1/	11-8	_
		-	-	100					(V	
4		V	-6	wed		HAUTE DE		yland 2	1078		_
		URIAL, CREMATION, HEMOVAL	1	1000		EMETERY OR CREMATORY	TM LOCATION	A 200	OUNT	MARE	
	24.51	Burial	The second secon		and the second second	ik CEMETERY	Butler Bal				
	24 FL	DSEPH WILLIAM TOS	ter 50	M. Braddison	& Mill	TAMS St. 250. DAT	E REC'D. BY REGISTRAR				
	(The war war	5 Be	d Arr, More	pualy	MINITED STORY	TA TEST QU	ha Davida	~ Acre	ALL.	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYDIENE CERTIFICATE OF DEATH

20 DATE OF DEATH

6 AGE (IN YEARS LAST BIRTHDAY)

120 USUAL OCCUPATION

IF UNDER 1 YEAR

REG
I DECEASE
3. SEX
W

DNAME illiam TALE 4. RACE 5. DATE OF BIRTH MONTH White IALE BIRTHPLACE (STATE OF FOREIGN

76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED

WIDOWED

YEAR 10 BALTIMORE CITY OR COUNTY OF DEATH

HULWEL

MAE

12b. KIND OF BUSINESS OR INDUSTRY

26 HOUR

IF UNDER 24 HRS.

a

130 STATE 136 COUNTY

ID CITY OR TOWN OF DEATH

ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13c. CITY OR TOWN BEI ATT

WILLEL

13d INSIDE CITY LIMITS? NO X 15. MOTHER'S MAIDEN NAME

Done

13e.STREET ADDRESS / ZIP CODE 304 Locust LANE

TYPE OF WORK FOR MOST OF WORKING LIFE

REG NO

FIEEHOR

Agriculture

4 FATHER'S NAME FIRST Jehn

NO

(YES NO OR UNKNOWN)

maryland

Verginia

160 WAS DECEASED EVER IN U.S. ARMED FORCES? HEYES GIVE WAR OR DATEST

Harford Co.

MIDDLE

18 CAUSE OF DEATH Enter only one cause per line for 10, the and 10

166 SOCIAL SECURITY NO. 186-14-3409

11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

17 INFORMAN(WIFE) 838-7650 ADDRESS Mrs. A. Blanche Miller BE Air Marrhay 21014

pita

304 Locust LANE APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a) Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

190 DATE OF OPERATION

AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF

oscular diseas o

PART I. DEATH WAS CAUSED BY-

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 119

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Or.	1
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Z

216. TIME OF INJURY

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [

71a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICA (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

WHILE NOT WHILE

HOUR A.M. MONTH DAY YEAR P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM, ETC.)

211 LOCATION

200 AUTOPSY

NOK

CITY OR TOWN COUNTY

STATE

220 | certify that (1) (this haspital) attended the deceased from_ saw the deceased alive an. abave, (1) (we) (did) (did not) view the bady after death

22e ADDRESS

ATTENDING

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

and that in (my) (aur) apinian death accurred an the date and hour and from the causes stated

22c. DATE SIGNED 1-12-86

22d PHYSICIAN'S NAME ITYPE OR PRINT

230 BURIAL CREMATION, REMOVAL

JOSEPH A. REinbardt, M.D.

2003 Rock Spring Road, ForEst Hill, MARyland 21050 23c NAME OF CEMETERY OR CREMATORY

Bether, Harbord Co; Maryland

DHMH - 16 60M 7/84

BP.

DIRECT

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pled 0,0

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24 FUNERAL DIRECTOR William Foster 50 W. Broadway Williams St. (VRA 15, 4) market willing Froles

(SPECIFY)

Burial

22b. SIGNATURE

BET Air, Maryland 21014

JAN. 14, 1986

BELAGE MEmorral Gardens 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNAL

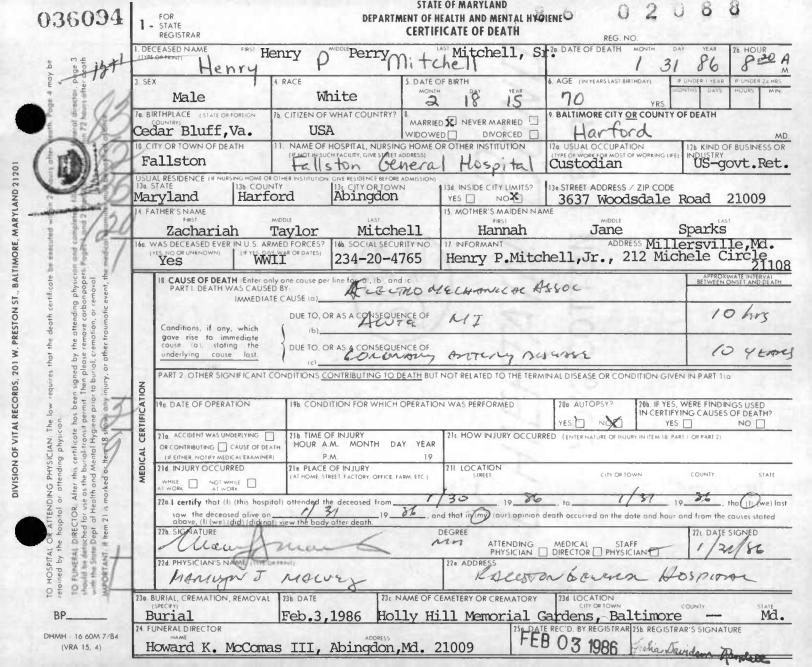
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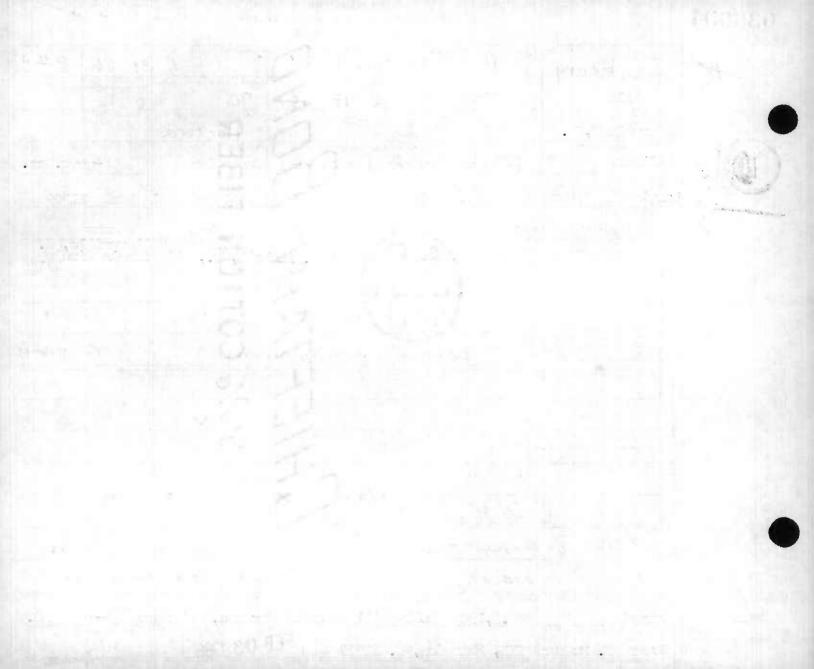
STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR				CERTIF	ICATE OF DEA	UH	RE	G. NO.				
1		CEASED NAME OR PRINT)	LOLA		AINE		NOR		January		1986	1 6	26. HOUI	
6	0	Female RTHPLACE (STATE OR I COUNTRY) Lorida	OREIGN	4. RACE Whi 7b. CITIZEN OF V USA	WHAT COUNTRY?	8 MARRIE	4, 1947 DE NEVER MAR	RRIED -	6. AGE LINYEARS LA 38 9 BALTIMORE CI Harfor	TY <u>OR</u> CO	YRS OUNTY OF	UNDER I YEAR NINS DAYS	IF UNDER	MIN.
	io ci	ITY OR TOWN OF DEA		11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION					120 USUAL OCCU (TYPE OF WORK FOR M Research	PATION NOST OF WO	RKING LIFE)	126 KIND C INDUSTRY t, Jol		
2	Mar Mar	AL RESIDENCE (IF NURS	13b COU		GIVE RESIDENCE BEFOR 13C CITY OR TOW Joppa		13d. INSIDE CITY YES NOTHER'S MA		305 She			urt :	21085	
0	I4 FA	James	Edi:	MIDDLE L	ott		Lola	T T T T T T T T T T T T T T T T T T T	M.		Goa	d	T	
1		WAS DECEASED EVER YES NO OR UNKNOWN)		E WAR OR DATES)	166 SOCIAL SECT 263-02-3		Dr. Thoma	as C.	Monor, 3	Jop 05 Si	oa, M heffi	d. 210 eld C)85 ourt	
		PART I. DEATH W. Conditions, if ony, gove rise to improve (o), stoling underlying couse	, which mediate ag the	DUE TO, OF	AS A CONSEOU	ENCE OF	two	he	pano	rea	· · · · · · · · · · · · · · · · · · ·	BFTWEEN	MATE INTER ONSET AND I	iand iang
9	CERTIFICATION	PART 2 OTHER SIGN					NOT RELATED TO		200 AUTOPSY?	201 IN	b IF YES, W	VERE FINDII	NGS USED	H?
9	MEDICAL CER	210. ACCIDENT WAS UNION OR CONTRIBUTING (IF EITHER NOTIFY MEDI 21d. INJURY OCCUR! WHILE NOT WAT WORK AT WORK 220. I certify that (I) sow the decase obove, (I) (WHICE 22d. PHYSICIAN'S NA EMORY	CAUSE OF DE. CALEXAMINE RED HLE RED (this hosp ed olive on did) (did or	21e PLACE C (AT HOME STRI	M. MONTH D. M. DF INJURY EET, FACTORY OFFICE. Redeceded from the control of the	FARM, ETC.)	211. LOCATION STREET ATTEMPTY TREADDRESS	19	CITY , to leath occurred on the director processor proc	OR TOWN The dote of STAFF HYSICIAN	. 19.	nd from the	that (I) (TATE TOTAL TOT
	24. FL	BURIAL, CREMATION, ISPECIFY) Buria1 UNERAL DIRECTOR HOWARD K. I	REMOVAL	23b. DATE Jan. 22,	1986 St	Mary	s Fpisco	MATORY	23d LOCATION CUITY OR TOVE REC'D. BY REGIST 2 2 1986	ngdor	n Ha	ounty rford	Md	

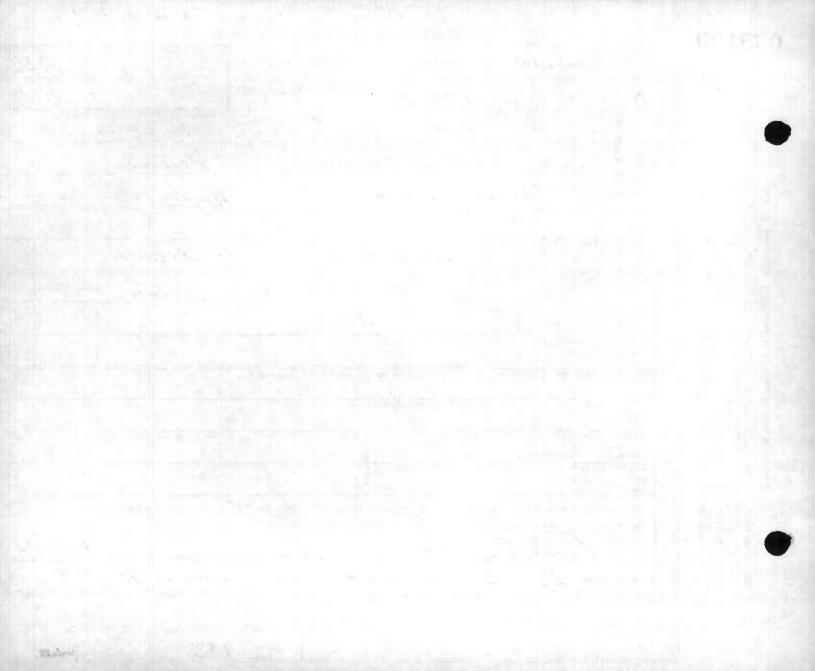
DHMH - 16 60M 7/B4 (VRA 15, 4)







200400	1-	FOR STATE		ST DEPARTMENT OF MEDICAL EXAMI		ND MENTAL HY	DEATH	0 3	0
91.90	1. DE	REGISTRAR CEASED NAME E OR PRINT) Hi4	FIRST	Murray	IAST	RGAN	2ª DATE KNOWN OF ESTI- DEATH MATED		PAY YEAR 26 HOUR 232
100	3. SEX	M 4. RACE	5. DATE OF BIR		YEARS IF UNDER	TYR. IF UNDER 24 I		MONTH D	PAY YEAR 2d. HOUR 232
199	7a B	RTHPLACE (STATE OR PREIGN COUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	MARRIED WIDOWED	NEVER MARRIED DIVORCED	9. BALTIMORE CITY	C FOR 9	DF DEATH MD.
6	4	avre do S	LRU HA	HOSPITAL, NURSING HOLD HE FACILITY, GIVE STREET ADDRESS	Lemon		FOR MOST OF WORKING UP:		OR INDUSTRY
16	13a S	TATE Ma 131	IG HOME OR OTHER INSTITUTION	13c. CITY OR TOWN	13d.	INSIDE CITY LIMITS? 136	STREET ADDRESS	TTEVY	Dr.
20		Harry	WIDDLE	Morgan		MOTHER'S MAIDEN P Helen	I.		riffith
VISION /		VAS DECEASED EVER IN ES, NO, OR UNKNOWN) (IF YES	U.S. ARMED FORCES? YES, GIVE WAR OR DATES) V—N	218-28		LA SIP	atal Reco	ncls.	
HEALTH AND MENTAL HYGI AL, CREMATION, OR REMOV	NO	Conditions, if any gove rise to im cause (o) stating th lying couse lost. PART 2 DTHER SIGNIFICANT CO	mediate (b)	OR AS A CONSEQUENC		CONDITION GIVEN IN PART 1	10).		
52 /	IFICATION	19a. DATE OF OPERATION	ON 196 CON	IDITION FOR WHICH OP	ERATION WAS P	PERFORMED?		2	20 AUTOPSY?
PRIOR TO BU	MEDICAL CERTI	21a EXTERNAL CAUSE OF UNDERLYING OR CONTRIBUTING CAI	USE OF DEATH	OF INJURY A.M. MONTH DAY YE P.M. 19 CE OF INJURY (AT HOME, FACTORY, FARM, ETC.)	AR 216. HOW I	ION	ENTER NATURE OF INJURY IN ITEM		
PYLAND, 21201 PR	2	WHILE NOT WE AT WORK 220. I certify that I tai death resulted from:	RK.	described obove, held on		, Inspection 4	Inquiry	ond in my apinia	
Ton W	A	ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT)	LUIS E	Ren	M.D.	Deputs RESS 46 4	MEDICAL EXAMINER Allicula	DATE SIGNED	7-1-86 4 de S
- E	(:	URIAL, CREMATION, REM Burial	Jan.4,19		emetery or cr d Mem. G	dns.	3d LOCATION CITY OR TOWN Aberdeen, Har:		
- 17 ME (5))	100	uneral director name rring Funera	al Home.PA	Aberdeen.MD	.21001-3		7 1006	GISTRAR'S SIGN	



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR				CERTIF	ICATE OF DEAT	n	REG. NO.				
4		EASED NAME	FIRST	,	AIDDLE	L	AS1		20 DATE OF DEATH	MONTH DAY	YEAR	2b HOUR	-
	(TYPE	OR PRINT)				11	10 100		Tour	0. 20	190/	1:24	P
1	2 554	U	10-CIC	RACE	•	S. DATE C	ISON SR		6 AGE (IN YEARS LAST BIRT	204 200	INDER I YEAR	IF UNDER 24	I M
-1	3. SEX			KACE		MONTH		EAR	MOL (INTERNSTANTIBLE)		HHS DAYS		MIN.
4		MALE WHITE					MBER 26, 189	96	89 YRS.				
A		RTHPLACE (STATE OR F	OREIGN	b CITIZEN OF	WHAT COUN	TRY? 8	NEVER MARR	#FD [BALTIMORE CITY OF	COUNTYO	DEATH		
	C	KT.		USA		WIDOWE			Hanfor	-1			MD.
1	10. CI1	TY OR TOWN OF DEA	TH	11. NAME OF		JRSING HOME C	R OTHER INSTITUT		120 USUAL OCCUPATIO		12b. KIND O	F BUSINES	-
d	71.	- 1- C		(IF NOT IN SUC	H FACILITY, GIVE	STREET ADDRESS)	1100:41		(TYPE OF WORK FOR MOST OF		INDUSTRY	OLINED	
4	USUA	AL RESIDENCE (IF NURSI	NG HOME OR	OTHER INSTITUTION	GIVE RESIDENCE	BEFORE ADMISSIONI	HOSPITOS		(RET)SELF-EMP	LUYEU	MOTEL	UWINER	_
5	13a S	TATE	136 COUN	TY	13c. CITY OR		13d INSIDE CITY LE		13e STREET ADDRESS /				
		MD	HARF	ORD	HAVRE (de GRACE	YES X NO	_	500 CONGRESS	AVE.	100	21078	
2	14 FA	THER'S NAME	A	AIDDLE	LAST		15. MOTHER'S MA	IDEN NAM	MIDDLE		LAS	1	
1		JESSE		0.	NELS		LAURA	4	Ε.				
		AS DECEASED EVER			166 SOCIAL	SECURITY NO.	17 INFORMANT		ADDRE	55			
	(Y	YES	WW I	WAR OR DATES)	218 32	2 3061	CHADLES C	MELS	SON, JR. 620 S	F 5th	C+ BEA	ACH 33	060 FL
						2 2001	CHARLES	· · INLL	JOIN, JIN. 020 J	·L. JUI			
		PART I. DEATH W	H (Enter onl AS CAUSED	y one couse per BY.	the for tai, (t	approximate interval BETWEEN ONSEI AND DEATH							
	8		IMMEDIAT	CAUSE (o)	////	0111	1	101	0,000				
				DUE TO, O	RASACONS	BOUENCEOF	-DINE	01.	-1110-11	1			
		Conditions, if any,		(b)_	11	1616	K103		10011				
П		gove rise to imm		DUETO	R AS A CONS	EQUENCATE -	-12.1.	7	1100-6-	- Lam			
		underlying couse	lost.	100010,0	N AS A CONS	177	1/1/2	1	110 CTG				
		PART 2. OTHER SIGN	I FICAINT C	ONDITIONS CO	ONTRIBUTING	TO DEATH BU	NOT RELATED TO 1	THE TERM	nal disease or cone	ITION GIVEN	IN PART 1	0	
9	2	F.	1 XV	V X	Ma	1 6	une	1)	SIBIL	_			
4	CERTIFICATION	190 DATE OF OPERATION		196. CONDITION FOR WHICH		HICH OPERATIO	HOPERATION WAS PERFORMED		20a AUTOPSY? 20b. IF YES,		, WERE FINDINGS USED		-
4	FIC.	THE ONLY					,		_ A-C	G CAUSES		1?	
4	RT			AN TIME O	E IN LILIDY		121- 11014 (511118)	000011001	YES NO	YES (NO [
1		21a. ACCIDENT WAS UND	_	HOUR A.	M. MONTH	DAY YEAR	ZIE HOW INJURY	OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	I OR PART 2)		
	CAL	(IF EITHER NOTIFY MEDIC			M.	19							
	MEDICAL	21d. INJURY OCCURE	ED	21e PLACE		FFICE FARM ETC)	211. LOCATION		CITY OR TOV	VN	COUNTY	STA	ATE
	\$	WHILE NOT WH	ILE	(AT HOME SIE	CEL, PACIONI O	FFICE FARM EIC)	1 -	1.	. /		0 -		
		22a.1 certify that (1)		ol) otterided th	e deceosed f	rom_0	1/5	80		20 19	112	that (I) (we	e) lost
		sow the decease	d olive on.	1/20			nd that in (my) (our)	opinion d	eoth occurred on the do	te and hour o	nd from the	couses state	ed
		offuve, (I) (we) (c	lid) (did not	view the body	after deoth.		DEGREE				22c. DATE	SIGNED	
		The state of the s	1 5	man	Link	no.		NDING /	MEDICAL STAF		1/	SIL	7
	1	Herma	M	rucc	Trui	* 11/		ICIAN S	DIRECTOR PHYSIC	IAN 🗌	1//	0/06	1
		THE PHYSICIAN'S NA	ME (TYPE OF	PRINT)	DA IA	VII	22e ADDRESS	1 0	1. Gar	1.	1 0	117	10)
		UTP/C	- 1	1. M	ONW	NIC	101011	00	1 Overce	, [1	C d	10/0	K
		URIAL, CREMATION,	REMOVAL	23b. DATE		23c. NAME OF C	EMETERY OR CREM	ATORY	23d LOCATION		OUNTY	STA	ATE.
H	,	BURIAL		24JANUA	ARY86	ANGEL HIL	L CEMETERY		HAVRE de GR				
	24 FL	INERAL DIRECTOR						25a. DATE	REC'D. BY REGISTRAP	756. REGISTRA	R'S, SIGNAT	UNE .	

MITCHELL FUNERAL HOME PA, HAVRE de GRACE, MO. 21078

DHMH - 16 60M 7/84

injury, or other troumotic event, the

should be detached for use as the buriol-transit permit. Then please remove corbompape with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

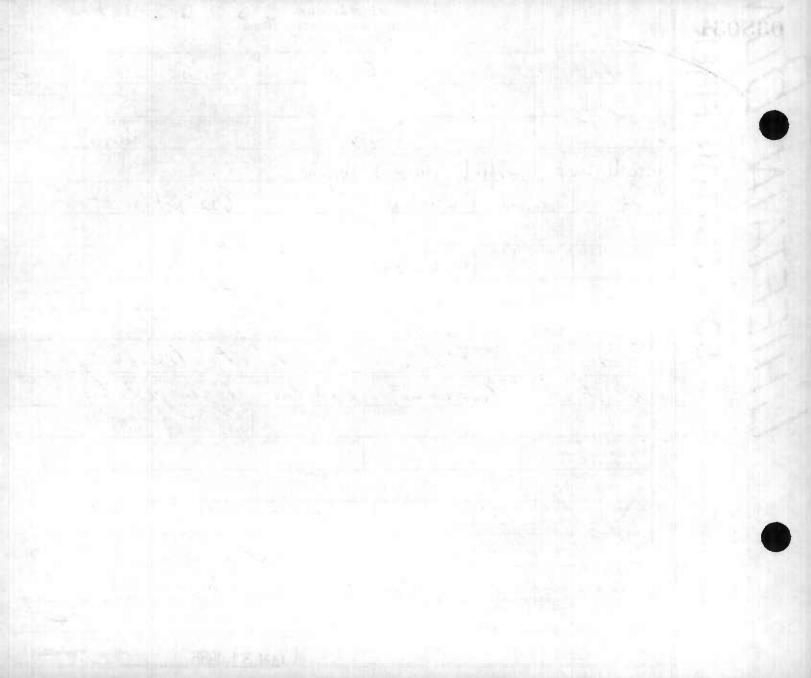
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TO FUNERAL DIRECTOR. After this certificate has been

(VRA 15, 4)

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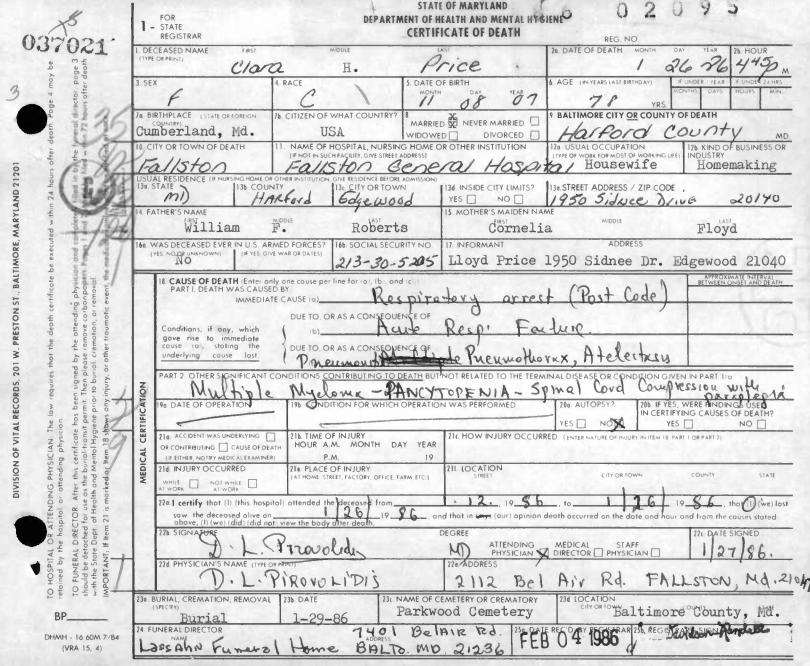
STATE OF MARYLAND



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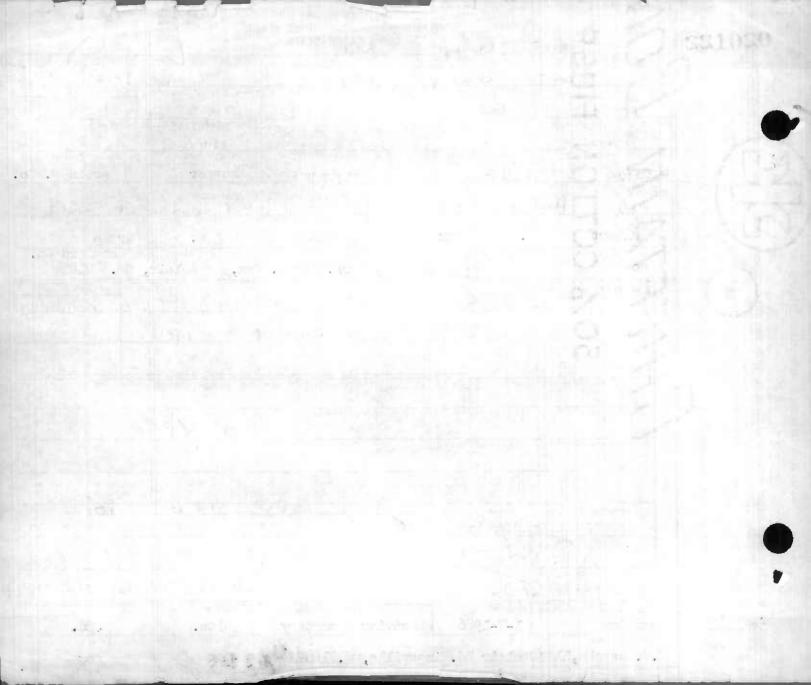
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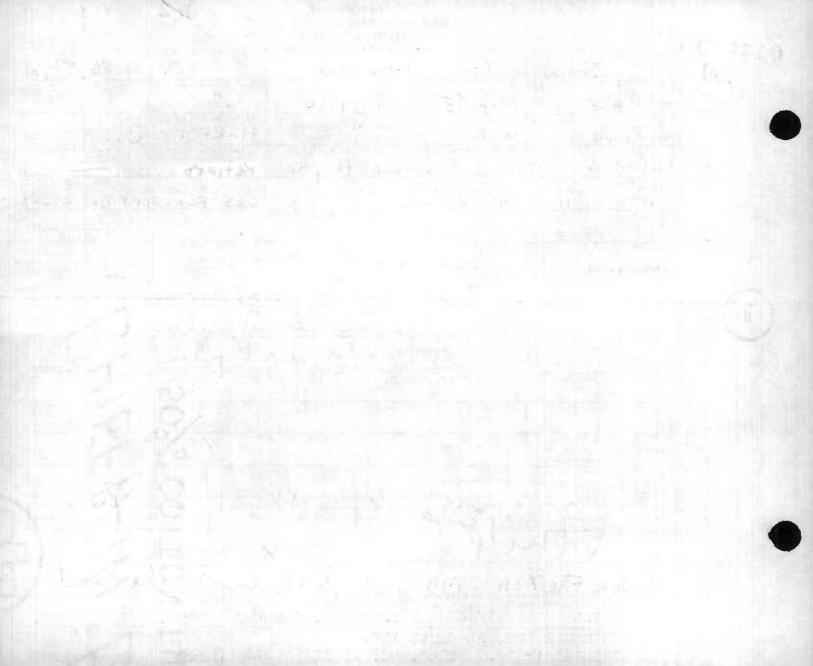
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a. m.e			CEASED NAME FIRST	MID	DIE	17	151	20 DATE OF DEATH	MON H DAY	YEAR 26 HOL	JR A
noy be		15	Robert	Cru	amp	1	kex		1 - 7-	. 86 5	-60 M
Ter p		3. SE	X	4_RACE		DATE O		6 AGE IN YEARS LAST BIRT	HDAY). IF UN	DER TYEAR IF UNDER	
recto		1	male	w		MONTH	15 13	72	YRS. MONTH	HS DAYS HOURS	MIN.
2 hg	60		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WH	AT COUNTRY?	AA A DDIE	NEVER MARRIED	9 BALTIMORE CITY O		DEATH	
Jun 7	8/8		MASS	4.5		WIDOWE		Harton	4		MD.
he fu	21	10 C	ITY OR TOWN OF DEATH		SPITAL, NURSING		ROTHER INSTITUTION	120 USUAL OCCUPATION		26 KIND OF BUSIN	
by th	2/		Ilston	Fallston	Coever	1	Hospital	Manager	WORKING (IFE)	Martin M.	. Co.
filled in autobe f	36	130	AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION GIV For 2	CITY OR TOWN	. 1	138 INSIDE CITY LIMITS?	13. STREET ADDRESS		2614	
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apple ond	1501		Albert	WIDDLE	Rex		Mattie	MIDDLE	Cr	ump LAST	
s - c	0	16a V	VAS DECEASED EVER IN U.S. AI		SOCIAL SECURI	IY NO.	17 INFORMANT	ADDRE		hadford (开。
7	med	(YES NOOR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	13-10-2	91.5	Mrs.Mary L. 1		air, Md		
1 p	*		18 CAUSE OF DEATH (Enter o					,	T	APPROXIMATE INTE	RVAL
1	F.	10	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	TE CAUSE (o)	deno CA	Lui	ig with ple	ceral Eppur	ion	/	. 1
9 9 9	tic a		IMMEDIA				,	10			MAJ.
deoti	DEI	1	Conditions, if any, which	DUE TO, OR A	S A CONSEQUEN		nd multiple	e Bone m	PK		
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ow o	à du d	CERTIFICATION	1% DATE OF OPERATION	1% CONDITIO	N FOR WHICH OF	ERATION	WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WE	RE FINDINGS USE	D
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g ph gertificant	tea	CAL	CR CONTRIBUTING CAUSE OF DEL	The second secon	moitin bas	19					
PHYS e bu	Jar	MEDICAL	214 INJURY OCCURRED	21s. PLACE OF	PAJURY FACTORY OFFICE FARM	445	ZII LOCATION	CITY OR LOV	Whi /	COUNTY	STATE
Age of the han	rke	2	AT WORK AT NOT WHEN TO		Edina Chillian Law	0	1777	CITORIO		·	STATE
R. A Use	E		224 Leertify that (I) (this hospi	Control of the second s	eceased from	177	19_85	_, 10	19_	165 , that (I) (we) lost
Spite CTO I far	121		saw the deceased alive on above. (b) (we) (did) (did no	t view the body after	r death.	- unc	that in (my) (our) opinion de	eoth occurred on the do	te and hour and	from the couses st	oted
OR A be has DIREC	H hen		22% SIGNATURE	nk-		D	EGREE		1	224. DATE SIGNED	
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HOSPITAL ined by the FUNERAL vid be defined to the Stote	RTA	1	THE PHYSICIAN'S NAME (IVE)	H BEHUTI			22e ADDRESS			/ 10	
retoined I TO FUNE should be	MPORTANT		13, PAREKH	MD.			1908 HARFO	IRU KU,)	ALLSTO	N MU. Z	1047
F - 8 8	3	- 1	URIAL, CREMATION, REMOVAL			AE OF CE	METERY OR CREMATORY	236 LOCATION			-
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DHMH - 16 60M	7/84		INERAL DIRECTOR		- ADDRESS		25e DATE	REC'D. BY REGISTRAR 2	Sh REGISTRAR'S	SIGNATURE	
(VRA 15, 4)		H	F. Tassahn, 1175	OBelair P	d. Kingsv.	ille,	"d. 21 08 1 4 4	3 100g A	- Kind	M. Sales	

STATE OF MARYLAND



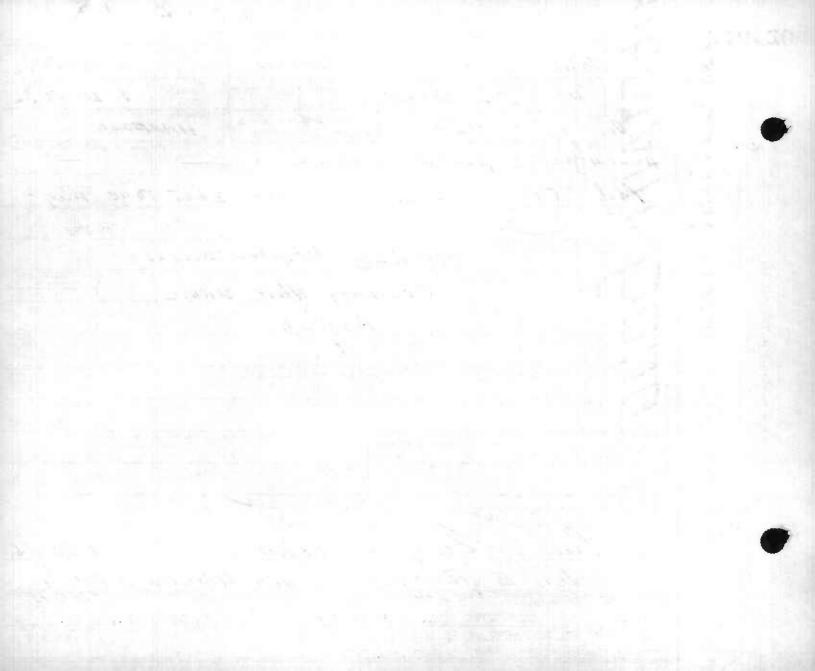
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	1 -	STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO		
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3 E 4 1	TTPE	John John	5.	Fie ye	KSON	01	1-08-86	523 pm
ge 4 mo	3. SEX	MALE	1 RACE WHITE	5. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIRTHOAY	M UNDER TYEAR MONTHS DAYS YRS.	IF UNDER 24 HRS. HOURS MIN.
heath. Po	(RTHPLACE (STATE OR FOREIGN) OUNTRY) A GY I AND	CITIZEN OF WHAT CO	DUNTRY? 8 MARRIEI WIDOWE	NEVER MARRIED DIVORCED	HARFOR)	DUNTY OF DEATH	MD.
os ofter o		Y OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY,			120 USUAL OCCUPATION (LYME OF WORK FOR MOST OF WOR TNSURANCE SA)	RKING LIFE) INDUSTRY	NSURANCE.
AND 212	13a S		TY 13c. CITY	ENCE BEFORE ADMISSION) OR TOWN	13d INSIDE CITY LIMITS? YES NO NO	13. STREET ADDRESS / ZIF	CODE	41015
ompletel ond 2 s	2	THEODORE		ERSON	IS. MOTHER'S MAIDEN NAMERS MARY	WIDDLE	SCHO	ONHOFF
BALTIMORE BALTIMORE The execution of company Pages medico	(VAS DECEASED EVER IN U.S. ARA LES, NO OR UNKNOWN! LYES WWW.	WAR OR DATES)	-01-2265	MARY AGNE	ADDRESS S REYERSON	(WIFE)	SAME
201 W. PRESTON ST., BALT start th ed by th please remit rical. cremits v. or aither		II. CAUSE OF DEATH (Enter onl) PART). GEATH WAS CAUSED	y one couse per line of 18 BY. E CAUSE (a). DUE TO: OR AS A CO. (b). DUE TO: DR AS A CO.	CANAGO PENCE OF	Julmona n. Julma ular an	yare Charles Hymn	STIMEN STIMEN	CHAPT AND DEATH
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir r attending physician. Wher this certificate has been sig as the burial-transit permit. Then this and Mental Hygiere prior to be the and Mental Hygiere prior to b	CERTIFICATION	140, DATE OF OPERATION	196 CONDITION FO	R WHICH OPERATIO	N WAS PERFORMED		IF YES, WERE FINDING CERTIFYING CAUSES	
SICIAN: Top physical physical certificate ental-transit frem 18 sh	MEDICAL CER	316. ACCERNI WAS UNDERLYING U ON CONTERUTING CAUSE OF DEA (IS EUHER HOTHY MEDICAL EXAMINED	P.AL	NIH DAY YEAR		ED (ENTER NATURE OF SHARE, SHI	THE TREAMS OF PART TO	
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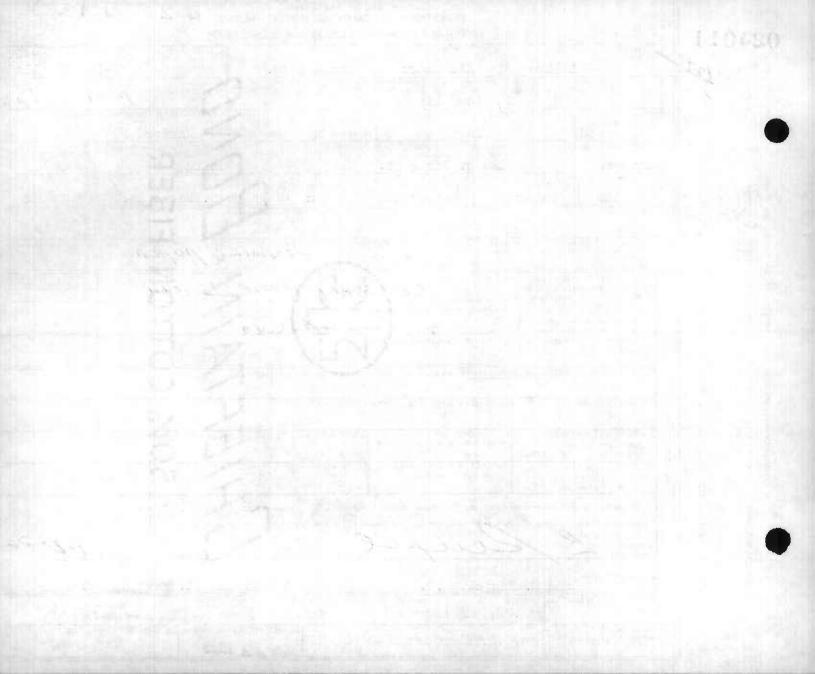
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ON	STEP STATE S	MEDICAL	CONTRIBUTING	CAUSE OF	DEATH P.M.	FILLUIN	19	21/ 10/	ATION								
N N	S CER	MEC	WHILE AT WORK		STREET, FACTO				REET			CITY OR TOV	WN		COUNTY		STATE
	E, W IWAI IWAI PAG STAT																
	A S S S S S S S S S S S S S S S S S S S				rge of the remains desc			Autops		Inspection		Inquiry		and in my	opinion		
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	SACE SAL		ACTUAL SIGNATURE	2	100	u	ac	C	TITLE (SP		MEDIC	CALEXAM	15 IE D	DAT	E /	1-22	9-26
	OF THE PERSON	/	EXAMINER'S NA			-					MEDIC	AL EXAM	INEK	SIGI	NED		
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07/84 25M	BP		UNERAL DIRECTO		Jan.22,1986	ла	rford	mem.		250. DATE RE			Harf				
	DHMH - 17 (VR A15 ME (5))	Tar	ring Fur	neral H	ome, P. A. A. Al	berde	en,MD,	21001	1-3399	AND	9 10	Kn	120 ME	DIDIKAK 3	JIGNAI	OKE	
										1 64 17	1610	00					



017038	3 1	FOR STATE			DEPARTMENT OF H	OF MARYLAND EALTH AND MENTA R'S CERTIFICATE		0 2
	14/10	REGISTRAR	F FIRST	ME	MIDDLE	K 5 CERTIFICATE	REG. NO.	and the second
waren		THE OR HINT!		OBERT	WALKER	SAMPSON, JE	OF ESTI X	ONTH DAY YEAR 26 HOUR
3355	1 5	EX	4. RACE	5 DATE OF BIRTH	6. AGE (IN YEAR)	LIF UNDER 1 YR. TIE UND	ER 24 HRS 2c. DATE MC	12-86 19 M
18 M	1	Male	White	M94TH 26	67 LAST BTHDAY	MONTHS DAYS HOURS	MIN PRONOUNCED	-12-86 19 9:20A
_ \$22E	Det.	BIRTHPLACE II	NATE OR	76. CITIZEN OF W	11/2	MARRIED NEVER MA	O BAITIMODE CITY OF C	
O SERVE	1	Marylan		U.S.A.		WIDOWED DIVO	RCED Hartord Col	MU.
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AND 3	F E 13a	aryland	(IF IN NURSING HOME OF		13c. BITY OF JOWN	13d. INSIDE CITY LIMITS YES XX NO	3120 Fact Avenue	2 21224
KE, MD	00	Rober		lker.	Sampson Sr.			Pisani
AALTIMO SAFER L SIVE PA TH FORM VAGES I	210	(YES, NO, ORUNKNO	D EVER IN U.S. ARM		212-04-829		W. Sampson Sr. 3120	Fait Ave.
ST. B N.B. N.B. N.B. N.B. N.B. N.B.		18 CAUSE C	OF DEATH (Enter only EATH WAS CAUSED		for (a), (b), and (c).) Multiple inj	uries		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
TON THE PERSON TON	OVA	812	IMMEDIATI	CAUSE (0)	AS A CONSEQUENCE OF	u1 105		
PRES FIRST F	MEN.		ins, if any, which ise to immediate	(b)				
W. D. W. PENCHINE	8) stating the under-		AS A CONSEQUENCE OF			
S CUT NOW	No			(c)				
CORD REDE SABICA LTH AL	NO.		IGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMIN.	L DISEASE OR CONDITION GIVEN IN	PART 1 (a).	
ALRE NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOT	O BURIAL CRE	9a DATE OF	POPERATION	196. CONDI	TION FOR WHICH OPERA	ION WAS PERFORMED?		20. AUTOPSY?
N SECTION SECT	BURN BURN	21a EXTERN	AL CAUSE WAS	216. TIME OI	FINITION	21. HOW INTERVOCEUR	RED- (ENTER NATURE OF INJURY IN ITEM 18 PART	YES X NO [
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FORW FORW	2			of the remains des	scribed above, held an	Autopsy X. Inspec	tion , Inquiry , and in	ту артпап
AMIN STIFFICE SECTION OF SECTION	14	death result	ted from: Natura	ol couses ,	Accident X, Suici		Undetermined manner,	
X855	3	ACTUAL SIGNATURE	Ways.	Do Me	96,00	TITLE (SPECIFY.)	nt_medical examiner	DATE 1-12-86
MEDICAL CUTE THE 25 4 SHO FUNRRAL ER DEATH	W W		Marc	narita A	Korell, M.D.	111	PennStreet	SIGNED I-IL-00
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57 PAG	230.	(SPECIFY)	TION, REMOVAL 23		23c NAME OF CEME	TERY OR CREMATORY	23d. LOCATION	COUNTY
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DHMH - 17 (VR A15 ME (& Can ADDRESS	c. 901 S. Con	bling Cal	JAN 1 4 1986 A REGISTR	will dem fample the
(AK A12 WE (-11	auces .	J. Leccer	a Jon Jna	701 J. On	any su		

ELECTRIC STREET

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	STATE OF MARYLAND
FOR	DEPARTMENT OF HEALTH AND MENTAL RYGIEN
STATE	CERTIFICATE OF DEATH

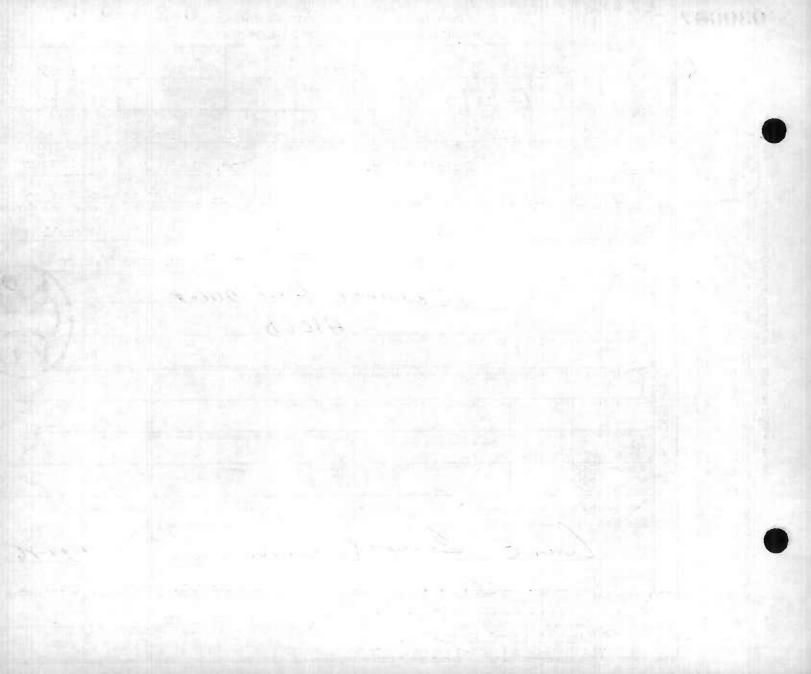
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028126	1.	STATE REGISTRAR	DEPART	CERTIFICATE OF DEATH	REG. NO.	
	I DE	CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
9 E # 11	(TYPE	ORPRINT)	0	Carriage	JAN. 18. 1	986 8:10 Am
moy be	3. SE:	GENEVA	4. RACE	S DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS
of of the state of	J. JE.	म	В	MONTH DAY YEAR		MONTHS DAYS HOURS MIN.
Poge direct		*		12 21 48	37 YR	
		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	N OF DEATH
death.		Md.	USA	WIDOWED DIVORCED	HARTOFO	MD.
offer of with a	10 C	TY OR TOWN OF DEATH	 NAME OF HOSPITAL, NURSIN (IE NOT IN SUCH FACILITY, GIVE STREET 	ADDRESS)	120 USUAL OCCUPATION [TYPE OF WORK FOR MOST OF WORKIN	12b. KIND OF BUSINESS OR
s ofter softer liled with	14	ure de GRACE		morial Haspital	Disabled	
be f	USU		OTHER INSTITUTION, GIVE RESIDENCE BEFORE		13e STREET ADDRESS / ZIP CO	ODE
本 選 (1)	130.	Md. Hari	ford HavreDeG		800 Garfield	
	14. FA	THER'S NAME		15. MOTHER'S MAIDEN NA	ME	
() 是到/60/		Ollie	Pope LAST	FIRST	WIDDLE	LAS1
1997	16a \	VAS DECEASED EVER IN U.S. AR		RITY NO. 17 INFORMANT	ADDRESS	Spriggs
	((E WAR OR DATES)			
i ed si		NO	220-50-2		hard Sconion, Sr	. same as above
certificate bring physicio		18. CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE	by one couse per last for on the	dieu n	= // \ /	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ph on b		IMMEDIA		6 myotard	al inface	le.
ding or r			THE TO OF A CONSEQUE	NCE OF	1	
death ce		Conditions, if any, which	3/2 " Xupi	is Erythein	desus a	vel
		gove rise to immediate couse (a), stating the	BUE TO, GIR AS A CONSEQUE	EN LE OF		
is that the death debth depth		underlying cause lost.	1 sillio	dema		
		PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION	GIVEN IN PART 110
requires en signe Then pl injury, o	Z					
	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		YES, WERE FINDINGS USED
e low no. hos be permit	문				YES NOW	RTIFYING CAUSES OF DEATH? YES \(\bigcap \) NO \(\bigcap \)
Sit Th	E	210. ACCIDENT WAS UNDERLYING	7 216. TIME OF INJURY	71c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	
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	ICAL	(IF EITHER, NOTIFY MEDICAL EXAMINED		19 211 LOCATION		
G PHYSIC ottending ter this cells the buries ond Menicked or the	MEDI	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F		CITY OR TOWN	COUNTY
ATTENDING PI ospital or otten ECTOR: After the of for use os the att of Health and m 21 is marked		AT WORK		11.00	1/100	0/
0 0 . a 0 E			tol) ottended the deceased from_	1/2 1900		, that (I) (we) last
R ATTEN hospital RECTOR red for u		sow the deceased alive an above, (1) (we) (did) (did no	it) view the body atten dentito	and that in (my) (our) opinion	death occurred on the date and	hour and from the couses stated
x + x + 2 + 5		226. SIGNATURE	[]	DEGREE	^	224. PATE SIGNED
· · ·		toku	er Un.	1 MD ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	1/18/86
= 0 0	1	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	/ 220 ADDI(59	, ,	11474
TO HOSPITAL TO FUNERAL should be det with the State		1 114	NDXIVA	Ham	o do ara	el mel
Show of the state	730	BURIAL, CREMATION, REMOVAL	23b. DATE 23c t	NAME OF CEMETERY OR CHEMATORY	1334 LOCATION	1 / / / /
DD.		(SPECIFY) Burial			Cita Calabana	COUNTY STATE
BP	24 5	JNERAL DIRECTOR	T-52-00 Be	l Air Memorial Gar	dens Bel Air	Harford Md.
DHMH - 16 50M 4/83			Fountain St.Ha	The Cross Md	AN 2 4 1986	SISTRAR'S SIGNATURE
(VRA 15, 4)	A.	rnord Beard 353	rountain St. na	vrepeurace, na.	1000	

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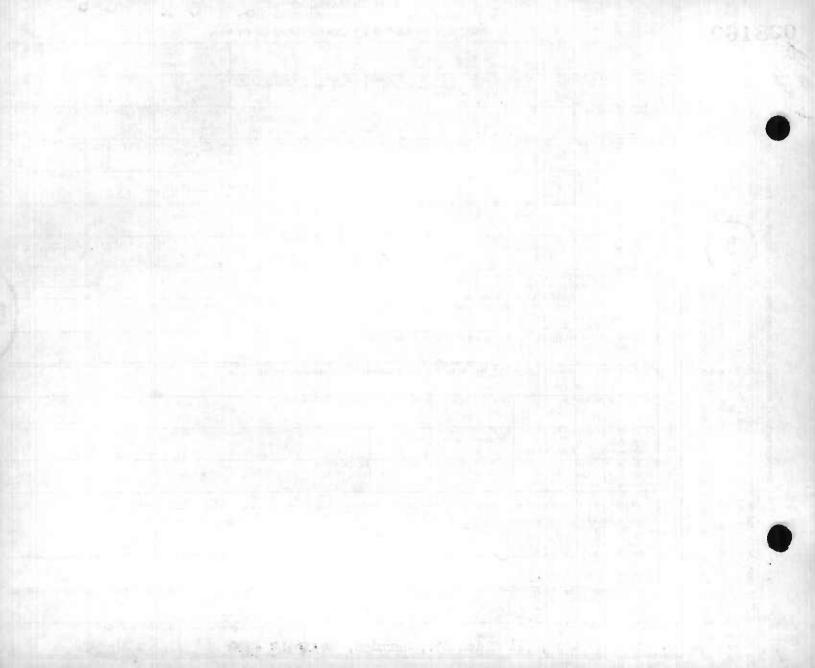
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9	1.	STATE REGISTRAR		ME	DICAL	EXAMIN	ER'S C	ERTIFIC	CATEC	FDEA	TH	REG. N	NO.			
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PEAS PERSON	3,56	X	. RACE	S DATE OF BIRTH		6 AGE IN YE	ARS IF UND	DER TYR.	IF UNDER		2c DATE		MONTH	DAY	YEAR	2d. HOUR
CCSSARY, P MERAL DIREC FOR YOUR! WITHIN 72 H		7	W	MONTH DAY	09	LAST BIRTHD	111011111	DAYS	Hours	MIN	PRONOUN DEAD		1_	24	19 86	730 7am
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京都の	Med	AL RESIDENCE		OR OTHER INSTITUTION, G	WE RESIDENCE	BEFORE ADMISSI	ON)							War	d	-
520203	dire.	MD	Har	ford		ORTOWN		13d. INSIDE (NO 3	13e STRI	eet addre	ss cisfi	eld D	rive	2100	19
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でを見りつ	D	James		H	Stou	ıter		F	Mary	- 13	M	IDDLE			sell	
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F 588	1	YES, NO, OR UNKNOW	(N) (IF YES, GIVE	WAR OR DATES)	216-	-24-294	3	Yvoni	ne Bla	asco	(daht	tr) s	ame a	ddre	ess	
MATH PAGE		IIB CAUSE OF	DEATH (Enter or	nly ane cause per line							. 2			AP	PROXIMATE II	NTERVAL
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SA SE		cause (a) s	to immediate stoting the under-	5	AS A CON	ISEQUENCE		150	00						-	-
NA NA NA		lying caus	e last.				7									
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- REARING	Z S															
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NR THEY	13	UNDERLYING CONTRIBUTIN	G CAUSE OF			19										
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の民党が開発	2	AT WORK	NOT WHILE] STREET, FAC	TORT, FARM, E	FC.)	51	MEET			CITY OR TOV	VN	CO	YTHUC		STATE
E STA				ge of the remains de	sssibad aba	un hald an	Autapsy		Inspection	хx						
FORE TORE		death resulted		ral causes X,	Accident_		icide .				Inquiry		and in my o	pinion		
EXAMIN CERTIFIC JUD BE DIRECT WITH		dedili resolice	, months judici	rol cooses (21),	Accident		icide,	Homic TITLE (S		Undere	ermined ma	nner	•			
MAN.		ACTUAL SIGNATURE	luc	6.	le	up	4	De	and l	-		-54	DATE	1-	- LY-	41
SEE SEE	5	SIGNATURE_			10-3		M.E		,	MEDI	ICAL EXAM	INER	SIGNI	ED_		9
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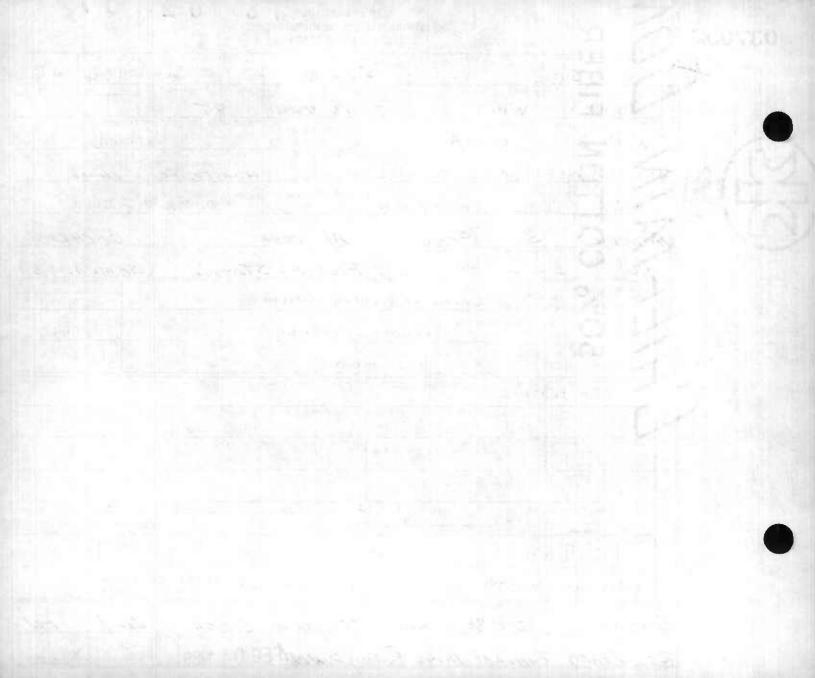


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ige 4 ma ector po	3 SE	Male	4 RACE Whit	e	5. DATE O		6. AGE (IN YEARS LAST BIRTHI	DAY) IF UNDER	PATS HOURS MIN.
death. Po	Ro	IRTHPLACE (STATE OR FOREIG COUNTRY) N.C.	US		WIDOWI		BALTIMORE CITY OR Harford	County	MD.
1 1 /W		Try or town of death Joppa	1101 0	ak Avenue	ADDRESS)	DR OTHER INSTITUTION	120. USUAL OCCUPATIO (1YPE OF WORK FOR MOST OF V Welder	N NORKING LIFE) 12b. K	KIND OF BUSINESS OR USTRY LF-employed
in 24, hou	Ma		ome or other institution county arford	131 CITY OR TOW Joppa	ADMISSION). N	YES NO NO	13e STREET ADDRESS / 1 1101 Oak A	ZIP CODE Venue	21085
oted with		Philip	Hosia	Snyder		15. MOTHER'S MAIDENNA/ Fannie	Evelyn	Robe	rts
be execu			S. ARMED FORCES? ES. GIVE WAR OR DATES;	245-12-9	235	Mrs.Melba Sta	ncill, 1131	Clayton	21085 Road, Joppa,
ures that the death certifi- ganed by the ottending phen please remove carbana burial, cremation, or remo	7	Conditions, if any, while gove rise to immedio couse to storing the underlying couse lost	DUE TO, Cothe (b) DUE TO, Cothe (b) DUE TO, Cothe (c) DUE TO, Coth	OR AS A CONSEQUE CONSEQUE DR AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	melr mal Disease or condi	ITION GIVEN IN P	2 mints
The low required in the low required in the loss been signed by the loss of th	CERTIFICATION	190 DATE OF OPERATION			OPERATIO	N WAS PERFORMED	YES NO	YES	AUSES OF DEATH?
hospital or attending physicians: Nespital or attending physicians (NRECTOR, After this certificant held for use as the bunditions lept of Health and Mental Hyghem 21 is marked or steen 8 %.	MEDICAL CEI	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE. CIFETIMER NOTIFY MEDICALEXA 21d INJURY OCCURRED WHITE NOTIFY MEDICALEXA AT WORK AT WORK 220.1 certify that (1) (the	OF DEATH HOUR A	OF INJURY M.M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F.	60	DEGREE	city or low	3 198	that (1) (we) last
TO HOSPITAL O retained by the TO FUNERAL DI should be detack with the State De	E	BURIAL, CREMATION, REMO SPECHY) BULLIAL	J. Linder,	23€ №		22e ADDRESS	Road, Joppa 23d LOCATION CITY OF TOWN Aldino		y STATE
DHMH - 16 60M 7/84 (VRA 15, 4)		UNERAL DIRECTOR NAME HOWARD K. McCo	omas III,	Abingdon,	Md.		N 1 4 1986	Par me.	IGNATURE CONTROLLER

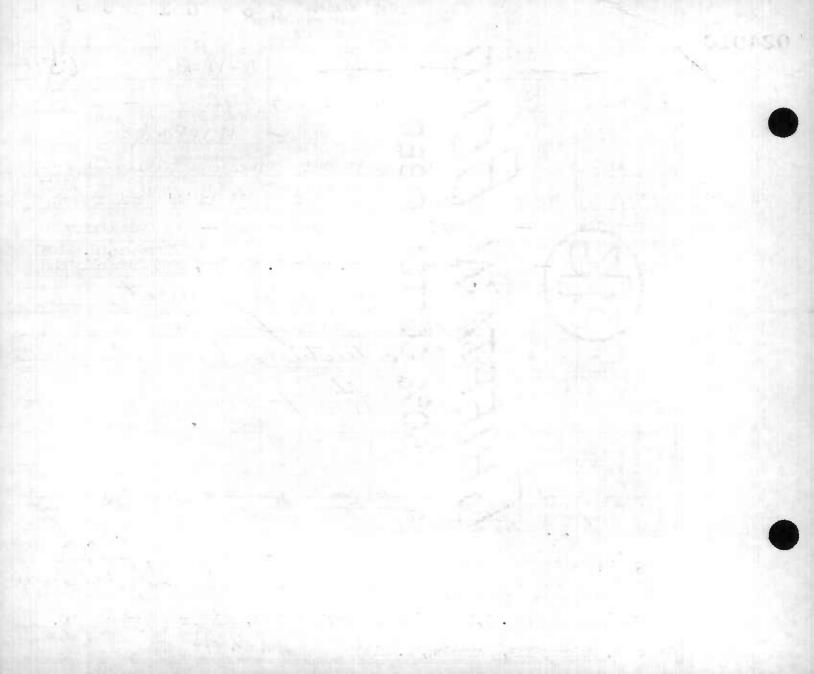
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2 38 8 8 E	(14hf C	JK PRINT]	Victo	or			Sok	oda			OF DEATH	MATED [□ 1-1	1.7 19 8	86	М
PIECTOR. FILES. HOURS STREET,	3. SEX		RACE	5. DATE OF	BIRTH DAY YEA		EARS IF UN		FUNDER 2	4 HRS 2c.	DATE	CED	HTMOM	DAY	TEAR 2d I	HOUR 30
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0 1 22 3 3 7 B	W. FAT	HER'S NAME	5611	MIDDLE		LAST		15 MOTHER	'S MAIDEN	NAME	MI	DOLE	4 0	LAST	,	
		odore				Soboda			tilda					Hal		
ME BES	16a. W.A (YES,	NO, OR UNKNOW	EVER IN U.S. AR	MED FORCES WAR OR DATES)		SOCIAL SECUR		17. INFORMA			True	ADDRES	SRest	on, Vi	rgin	ia
3 7550	No					4-50-47	12	Ludmi.	la So	boda,	218	31 Po	nd Vi	ew Cou		
E. D. KAT		8 CAUSE OF	DEATH (Enter on	D D11										BETWEEN	IMATE INTER	DEATH
N H H SPERA SPERA VAL.			IMMEDIA	TE CAUSE (a).		iple In		3								+
PRESTON II IITHIN 24 HOL CIL IN ITEM II NER ALONG ANSIT PREMI AL HYGIËNE,		Canditian	s, if any, which		O, OR AS A C	CONSEQUENCE	OF							1 2		
W. P.		gave rise	ta immediate	(b).		CONSEQUENCE	OF				-	-	-			
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SA E E																
# 75.04.1	CERTIFICATION	9a. DATE OF	OPERATION	19b. C	ONDITION F	OR WHICH OP	RATION V	AS PERFORM	VED?					20 AUTO	PSY?	
S 99=352-	I I			3316										YES		XX
CERTIFICATE SHOU RITING THE WORD, RITING THE WORD, DEED TO THE CHIEF F 3 SHOULD BE USE E DEPARTMENT OF F OF PRIOR TO BERRIED			CAUSE WAS		IME OF INJUR	RY NTH DAY YE		OW INJURY C	OCCURRED	LENTERNA	TURE OF INJ	URY IN ITEM 1	8 PART 1 OR P	ART 2)		
ON THE CONTRACTOR	3 5	UNDERLYING CONTRIBUTIN	G CAUSE OF	DEATH 9:	15xx 1	-17 19	36 dr:	iver ir	n mult	tiple	veh	icle	impac	ct		
IS CERTIFICATE WRITING THE WARDED TO THE GE 3 SHOULD BE TO DE THE DEPARTMEN	2 MI	INJURY O			LACE OF INJI EET, FACTORY, FAI	URY (AT HOME,	21f. LC	CATION			CITY OR TOW	VN	CC	YTAUC		STATE
DIV E, WRIT E, WRIT E, WRIT E, PAGE 3 STATE D		AT WORK	NOT WHILE X	X	road	d	I-	95,182	mile	mark	er,A	berde	en,Ha	arford	Co.,	Md.
ATE, DORW	A	22a certif	y that I taak charg	ge af the rema	ins described	abave, held an	Autop	wy 🔲	hipectian	XX.	Inquiry		and in my a	pinian		
MINER: TIFICATE BE FORE TH THE STAND,	A	death resulte	d from: Natu	ral causes]. / / Afcid	ent XX	wiede [. Homicid	se .	Undeter	mined ma	nner 🗌				
EXA CERT WILD WAR		ACTUAL /	A Char.	.10	M.	Lab	115	TITLE (SPI					5 4 7 5	7 7	0.00	
		GNATURE	value	un'	Um	4111	TU FON	Assis	stant	MEDIC	AL EXAM	INER	DATE	1-1	8-86	
BE AND WELL	1	XAMINER'S I	NAME Den	nis F.	Smyth	, M.D.		ADDRESS	111 1			Balt	N	1d. 2	1201	
DAY DE A	/ CSPE	CIEVI	ION, REMOVAL			3c NAME OF C				23d. LOC CITY OR	ATION		cou	JNTY	STATE	
BP LIST		mation		1/19/8	6	Metropo	litan		tory		candr		CICTDARIC	SIGNATURE	VA	
DHMH 17	1	NAME		mod n	ADDRESS						# A	K ZJO KE	SISTRAKS	A. CO		
(VR A15 ME (5))	0.	per.kTe	y Green,	/21 E	lden S	t., Her	naon,	VALAN	183 14	In All	Grana.	्रविश्मेत्री इं				





STATE OF MARYLAND



DHMH - 16 60M 7/84 (VRA 15, 4)

FOR

- STATE

009194

GALL BLADDER PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 AS HD 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN AVE. HAVRE DE GRACE STATE (SPECIFY) Center Methodost Cem. Burial Forest Hill, Harford, MD Jan.6.1986 24 FUNERAL DIRECTOR REGISTRAR 256 REGISTRAR'S SIGNATURE Tarring Funeral Home, P.A. Aberdeen, MD, 21001-339

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

26 HOUR

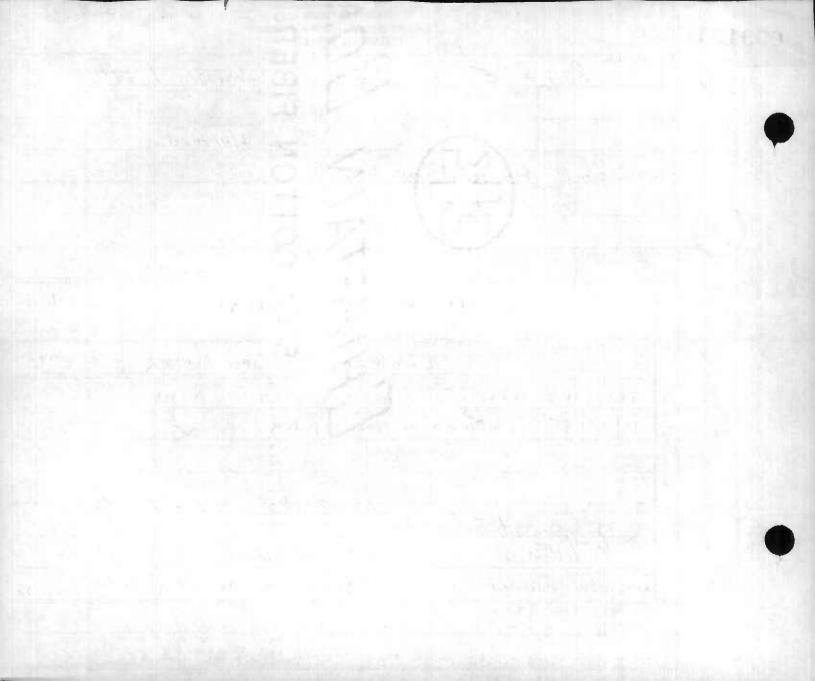
126 KIND OF BUSINESS OR

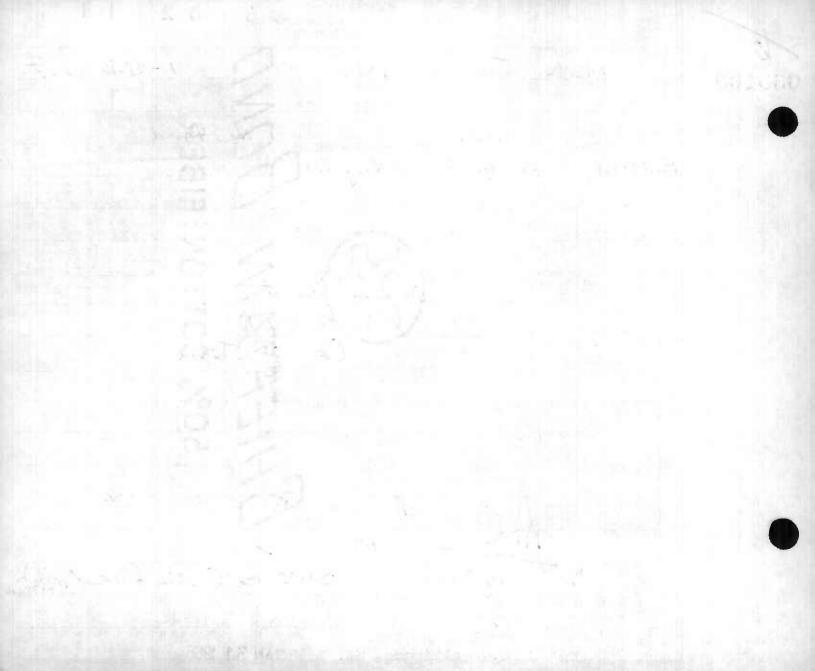
APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT

IF UNDER 1 YEAR

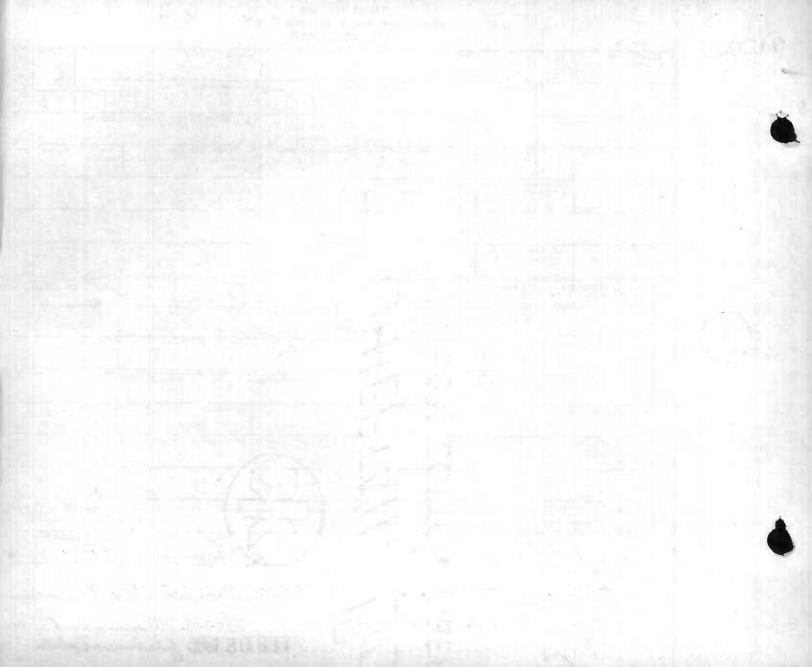
INDUSTRY US Gov't

Walter

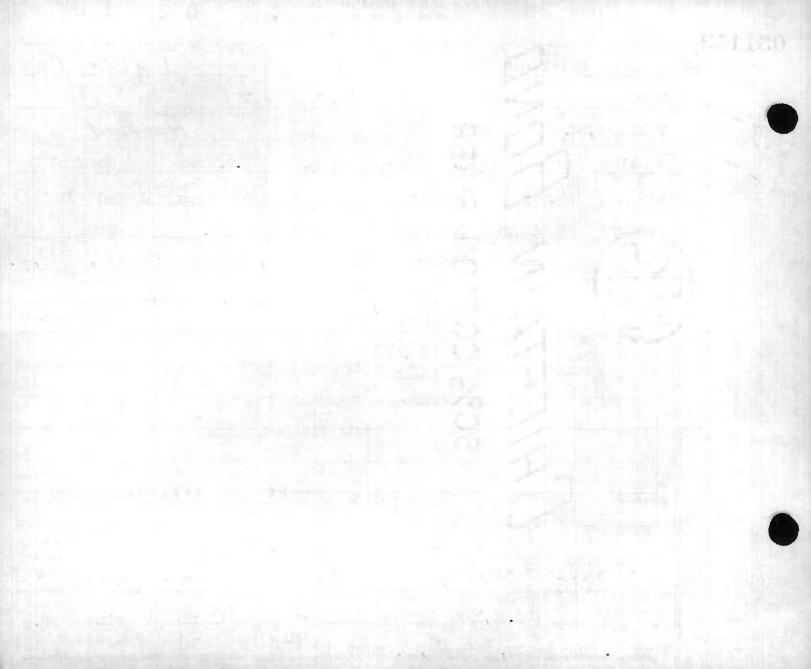




042056	1 - ST RE				DEPARTA	AENT OF H	OF MARYLAN EALTH AND MI	ENTAL HYGI	ENE	REG. NO.	2	1 2	
0000	1. DECEA	SED NAME	FIRST	^	AIDDLE	L.	AST		20. DATE OF D	EATH MO	ONTH OAY	YEAR	26. HOUR
ege be	(TITE OR F		(empe:	r	С.	Ve	st			J	an.28		10 H.M
do do	3. SEX		4.	RACE		S. DATE C	F BIRTH DAY	YEAR	6. AGE (IN YEAR	S LAST BIRTHD	MON	THE DAYS	IF UNDER 24 HRS
rs of		Male		Whi	ite	2		911	74		YRS		
Pour Pour	7a. BIRTH	PLACE (STATE OR FO	REIGN 76	CITIZEN OF	WHAT COUNTRY?	8 MARRIEI	NEVER MA	ARRIED [9. BALTIMORE	CITY OR	COUNTY OF	DEATH	
in 77	Eld	ood, W. \			Α.	WIDOWE	D DIV	ORCED 🗌	Harf		Co.		MD.
on softer of the fulled with		or town of DEA		(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET Old Mt.	AOORESS)	R OTHER INSTIT	IUTION	12a USUAL OC (TYPE OF WORK FO Retir	OR MOST OF V	WORKING LIFE)	INDUSTRY	rietta
De in our		ESIDENCE IN NURSI		HER INSTITUTION	GIVE RESIDENCE BEFOR	ADMISSION)	1134 INSIDE CIT	VIIIITES I	13e STREET AD				
24 h		vland	Harf		Joppa	N		VOXIX	1112		Mt. R	Rd.	21085
YLA		R'S NAME					15. MOTHER'S		\E	100000			
MARY mplest		George	MIC	OOLE	Vest		Fan			WIDDLE	Wh	itak	er
ORE, A	(YES, P	DECEASED EVER	IN U.S. ARMI		166. SOCIAL SECU		17 INFORMAN	IT	\/	ADDRES:	s 1112 oppa,		Mt.Rd. 21085
TIM be	no				234-20-		MIS.	Doroti	ny ves	t,	oppa,		MATE INTERVAL DNSET AND DEATH
DS, 301 W. PRESTON ST quires that the death cert signed by the attending hen pleas reservations or to to burial, amounts or to	9 cc ut	onditions, if ony, over rise to immuse (a), statin inderlying couse	nediote g the lost.	(c)_	R AS A CONSEQUI		NOT RELATED T	O THE TERMI	NAL DISEASE (OR CONDI	ITION GIVEN	IN PART 10	o)
AL RECOR	CERTIFICATION 180	DATE OF OPERAT	ION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFOR	MED	YES [206. IF YES, WIN CERTIFYIN	NG CAUSES	
OF VIT. CLIAN: TI I physicit intificate ol-transit and Hygi	. 0	CONTRIBUTING C	AUSE OF DEATH			AY YEAR	21c HOW INJI	URY OCCURR	ED (ENTER NATU	RE OF INJURY	IN (TEM.) 8, PART	1 OR PART 2)	
UG PHYSICIAN: The ottending physician often this certificate his as the burial-transit phand Mental Hygier hand Mental Hygier by orked or fem. 18 show	WEDIC W	HILE NOT WHEN	RED	21e PLACE	OF INJURY REET, FACTORY, OFFICE, I		211. LOCATION	7		CITY OR TOWN		COUNTY	STATE
O O O O O O O O O O O O O O O O O O O	224	I certify that (I)) ottended th	e deceased from_			. 19	, to		, 19.		that (I) (we) last
TTEN Or of Ho		sow the decease obove_(I) (we) (c	ed alive on_		19_	, or	d that in (my) (our) opinion d	eoth occurred	on the dot	e and hour or	nd from the	couses stoted
OR AT OR AT DIREC Sched f Dept. of them 3	221	S. S.G. ATURE	- 0 0	view the body	LI LO	5	DEGREE	TENDING	MEDICAL	STAFF		22c. DATE	SIGNED
PITAL by th IERAL se deto State	22:	PHYSICIAN'S NA	AME (TYPE OR P	Neve	- jul			HYSICIAN S	MEDICAL DIRECTOR	PHYSICIA	AN 🗌	11/30	0/86
O HOSPITAL (etgined by the TO FUNERAL I should be deta with the Store I wash the Store I washed the deta with the Store I washed the Store I washed the Store I washed I washe		Kermit	P. P	onovi	ch, M.D		754 F	lickor	y Ave	; Be	l Air	, MD	
7 5 5 4 3 3	23a BUR (SPEC	AL, CREMATION,	REMOVAL	23b. DATE	6	NAME OF C	EMETERY OR CE		23d. LOCAT		0	UNTY	STATE
BP		Buria		Febrio		lga		em.	Colga	od.	Mers	ento	2. W. Va.
DHMH - 16 25M (VR A 15 (4)) 9/74	E.F.	Lassahr	1,117.	50Bela	airRd.Ki	.ngsv	21085 ille,M	d SPPATE	REC'D BY REC	SISTRAR 2		R'S SIGNAT	



004440	1-	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENT CERTIFICATE OF DEAT		1 1 3
031119	(TYPE	Eliz	abeth	icia ward Ward	20. DATE OF DEATH MONTH	27 86 25 HOURS
# # # # # # # # # # # # # # # # # # #	3 SE:	emale	White	April 19, 191	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
1/1/1/		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY		9 BALTIMORE CITY OR COUNT	LY OF DEATH
JAN 22	В	altimore, Md.	USA	MARRIED WEVER MARR	Har Har	ford MD.
7 92	F	allston, MD	Fallston	seneral Hosp	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L_P . Nurse	IZE KIND OF BUSINESS OR INDUSTRY Hospital
	130 S Ma	ryland Harf		ISA. INSIDE CITY LE YES \(\text{NO}\)	🛛 438 Moores Mil	
1 1576/	14. FA	ATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAI	IDEN NAME	LAST
1 1/0/4	17.	George Wash	rington Coller		Eie E.	Smith
TWOR			ve war or Dates} 214-14-		enan, 438 Moore Mil	21014 l Road, BelAir, Md
T., BAL. tificate physicia mooper. went, the		PART I. DEATH WAS CAUSE	nly one cause per line for (a)	9570C4		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST NG PHYSICIAN: The low requires that the death certicateding physicion. Iter this certificate has been signed by the offending to sthe burial-transit permit. Then please remove carbon th and Mental Hygiene prior to burial, crematian, or renorded or them 18 shows any injury, or other troumatic events.	3	Conditions, if any, which gave rise to immediate		PHENCE OF MI		24 Horry
that the d by the ease remod, cremo		couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQ	ONENCE OF		
RDS, 20 equires on signe Then pi r to burn injury, o	NO	PART 2 OTHER SIGNIFICANT	conditions <u>contributing to</u>	O DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE OR CONDITION G	IVEN IN PART TIQ
TAI RECO	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? ZES NO NO
SICIAN: T ng physici certificate orial-transi them 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR 19	OCCURRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART ?)
VISION G PHYS or this ce the burn ond Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	211 LOCATION	CITY OR TOWN	COUNTY STATE
DINGENDING	1	220.1 certify that I whis hosp saw the deceased alive an	ital) offended the deceased fram	85 and that in my lour)	opinion death accurred on the date and ha	19 86 , that (we) last
OR ATTOOR ATTOOR ATTOOR OF INCHES TO DEPT OF ITEM 2		abave, (1) (we) (did) (did no	ot; view the bady after death	DEGREE		221. DATE SIGNED
SPITAL by the bedeto be deto		22d. PHYSICIAN'S NAME (TYPE O		22e ADDRESS	IDING MEDICAL STAFF ICIAN DIRECTOR PHYSICIAN	11/20188
TO HOSPITA etoined by Should be di with the Sto		MARILYN	J Macray		istool Gow	Horpier
BP	230 E	BURIAL, CREMATION, REMOVAL SPECIFY) Burial	1	NAME OF CEMETERY OR CREM	CITY OR TOWN	COUNTY STATE
DHMH - 16 60M 7/84	24 FI	JNERAL DIRECTOR	Q	Celletery	Baltimore 250 DATE REC D. BY REGISTRAR 256 REGIS	Balto Md.
(VRA 15, 4)	Но	ward K. McComas	III, Abingdon	Md. 21009	CAMES BRIME	Numb-Maderan



STATE OF MARYLAND

TO HOSPITAL

DHMH - 16 50M 4/83 (VRA 15, 4)

024193

STATE OF MARYLAND	2 6
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL	HIGIEN
CENTIFICATE OF BEATH	

	1 -	FOR STATE REGISTRAR			DEPA		EALTH AND MENTAL AT ICATE OF DEATH	GIENE	REG. NO			
1		CEASED NAME	FIRST		MIDDLE	L	AST	Zo. DATE	OF DEATH A	AONTH DA	Y YEAR	2b. HOUR
1	(TYPE	OR PRINT)	Bessie		Carolin	e (1)	hite		Jan	. 11	1986	8:05 M
	3. SE)	X		RACE	0000	5. DATE O		6. AGE	IN YEARS LAST BIRTH		UNDER I YEAR	IF UNDER 24 HRS
		Female		Whi	te	MONTH 12	16 1904	81		YRS.	NIHS DAYS	HOURS MIN.
		RTHPLACE (STATE OR	FOREIGN 7b.	CITIZEN OF	WHAT COUNT	RY? 8	NEVER MARRIED	9 BALTI	MORE CITY OR		FDEATH	
)		lto. Md.		U. S	. A.	WIDOWE		_	Itarto	rd		MD.
1	10. CI	TY OR TOWN OF DE	ATH 11.	NAME OF	HOSPITAL, NU	RSING HOME O	R OTHER INSTITUTION	JAYPE OF V	AL OCCUPATION	WORKING LIFE)		F BUSINESS OR
2	Ho	Whe de GA	Ace	tarf	ord m	emoria	Hospital	Hor	me make:	c	Hous	e keeping
	13a S	ALRESIDENCE (* NUR STATE arvland	Harfor		13c. CITY OR I	OWN	13d INSIDE CITY LIMITS?	13e STRE	et address /	ZIP CODE	21	085
		ATHER'S NAME		215			15. MOTHER'S MAIDEN N	IAME				
9	E	dward	MIDI	J.E	Harryma	n	Florence	9	MIDDLE		Amoss	1
٦		VAS DECEASED EVER	IN U.S. ARMEI		166 SOCIALS		17 INFORMANT				Foxwel	
		no	(11-163, 0145 44)	AR OR DATES	219-60	0-6181	Mrs. Eleano	or L.	Fisher,	Joppa,	Md. Z	1002
	CERTIFICATION	gove rise to im couse (a), static underlying couse PART 2 OTHER SIG	ng the e last. NIFICANT CON		ONTRIBUTING		NOT RELATED TO THE TER		EASE OR COND		N IN PART TO	
1	TIFIC							YES	NO		ING CAUSES	
	CAL CER	210. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER, NOTHY MED	CAUSE OF DEATH		OF INJURY M. MONTH M.	DAY YEAR	21c. HOW INJURY OCCU	JRRED (ENTE	R NATURE OF INJURY	IN ITEM 18 PAR	T 1 OR PART 2)	
	MEDICAL	21d. INJURY OCCUR	HILE [21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFF	ICE, FARM, ETC)	211 LOCATION STREET		CITY OR TOW	N	COUNTY	STATE
į		224.1 certify that (I saw the deceasions, (I) (we) (ed alive on	1-	11	9 96 . on	d that in (my) (aur) apinio	,	urred on the dot			that (1) (we) lost causes stated
		274. SIGNATURE	luc	0	Yu	2	ATTENDING PHYSICIAN		AL STAFF		The DAY	2/86
			YN	0	Y41	V	Han Han	neo	49	line	e. k	nel
	23e B	BURIAL, CREMATION		36. DATE			EMETERY OR CREMATORY		al timor		COUNTY Ma	STATE 2
		Buria		1-14-	-1986	Baltimo	ore Cemetery					aryl and
		JNERAL DIRECTOR		-	ADDRE	55 • • • •	25a D/	ATE REC'D.	BY REGISTRAR 2	56. REGISTRA	R'S SIGNATU	JRE
	E.	F. Lassahn	,11750B	elair	d.King	sville,	Ja - STAO!	AU 1	DOR SU	in Joing	ma Rand	- 284



016134

page 3 er death

FOR

STATE
REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.	
20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
Jan	9 1986 6 9
6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 21 H

/		CEASED NAME	FIRST		MIDDLE		AST		2a DATE O	F DE ATH	HINON	DAY YEAR	26. HOL	Bio
	{ TYPE	OR PRINT)	VIOLA	,	A.	1/1	ISING				Say	9 1986	6	N W
	3. SEX	(RACE	-1-1-1	5 DATE C			6 AGE IN	YEARS LAST BIRT		IF UNDER 1 YEAR	IF UNDER	
-		FEMAL		whit	le le	AOR	. 0	1904	81		YRS.	MONTHS UATS	HOURS	MIN.
		RTHPLACE (STATE OF	R FOREIGN 7	CITIZEN OF	WHAT COUNTR	RY? 8	D NEVER	AAPPIED &	9. BALTIMO	ORE CITY OF	COUNTY	OFPEATH		
		MARYLAM	10	U.S	A.	WIDOWE		VORCED [tart	ord		_ MD.
	10. CI	TY OR TOWN OF DE	EATH 1		HOSPITAL, NUR		OR OTHER INST	ITUTION		OCCUPATION MOST OF		12b. KIND C INDUSTRY	F BUSINI	ESS OR
	14		ac E	Harro	rd Hy	Jona	Hospila	الما	R	PETIRE	0	U.S. 6	OVT	
	13a S	AL RESIDENCE (IF NU	136 COUNT		131. CITY OR TO		13d. INSIDE C	ITY LIMITS?	13 · STREET	ADDRESS /	TIP CODE	STEPH	ey!	Rd.
	14. FA	THER'S NAME	M	DDLE	_ IAST		15. MOTHER'S	FIRST	WE	MIDDLE		IAS		
1		PETER			WIRSI	NG	EN	IMA				LIESI	CE	
		VAS DECEASED EVE		ED FORCES?	166 SOCIAL SE	CURITY NO.	17 INFORMA	INT		ADDRE:	PREEL	1, MD. ZI	001	
	,,,	No	1, 10, 0,10		212-01-	5887	JOSEPH	GALLIER	1.848	ALDIN	0-57	EPNEY !	ROAD)
		18 CAUSE OF DEA			line for (o), (b),	and (c)		Λ	0			APPROX BETWEEN	IMATE INTE	RVAL DEATH
		PART I. DEATH	IMMEDIATE		(ander	abu	in	Au	x		1	1 0	
				DUE TO: O	R AS A CONSEA	DUENCE OF		. /	THE SHAPE			NU	my	7
		Conditions, il on		(jb)_	Ca. (-	Mald.	1	1/2	. 0		1,10		N4.
		gove rise to in couse (a), stat		DUE TO D	R AS A CONSEC	QUENCE OF	Jan J.	MACCE	100	me	,	1.	0-0	200
		underlying cou	se lost	161	TO STATE OF THE OWN STATE OF THE OWN		M	your	Chia	1 +	for	dr-		
	_ 4	PART 2. OTHER SIC	SNIFICANT CO	NOTIONS CO	ONTRIBUTING !	D DEATH BUT	NOT RELATED	TO THE JERMI	INAL DISEAS	SPOR COND	HON GIV	EN IN PART I	01	
	CERTIFICATION			\	Ant	une	leud	ie he	at .	Kila	0			
-	CAI	1% DATE OF OPER	ATION	140 COUNT	ITION FOR WHI	CH OPERATIO	N WAS PERFO	RMED	ZON AUT	OPSY?	70a. IF YES	S, WERE FINDING CAUSES	OF DEAT	D
	TIFE					. /			YES []	NO	YE		NO [
	-	OR CONTRIBUTING		21b. TIME C HOUR A.		ol De	21c HOW IN	JURY OCCURR	ED (ENTERN	ATURE OF INJUR	IN ITEM 18 F	PART I OR PART 2)		
	CAL	(IF EITHER, NOTIFY ME		Р.		1 / 19								
	MEDICAL	21d. INJURY OCCU	RRED	21e. PLACE	OF INJURY	CE FARM ETC.)	211 LOCATIO			CITY OR TOV	M	COUNTY		STATE
	2	AT WORK NOT W	WHILE ORK				-4-			1				
		22a.l certify that (l) (this hospito	l) ottended th	e deceosed from	m Ca	1483	19 10 4	84 10	13		19.	that (I) (we) lost
		sow the decea	(did) (did not)	view the body	affer death.	. 01	nd that in (my)	(our) opinion o	death occurr	ed on the do	te and hou	ir and from the	couses st	oted
		226. SIGNATUR	000	m)			DEGREE	TYPLIPALE	MEDICET			22c. DATE	SIGNED	
			CY Y	TIV		И	40	ATTENDING PHYSICIAN	DIRECTOR			110	3/12	
		22d. PHYSICIAN'S N	NAME (TYPE OR	PRINATE A			22e ADDRES	S PO.	Brx	570)	10		
		UA Z	LATON	U, O	IXNU	*L	181	MW St	- XIC	ser Ve	h 1	72 -	100	53

23c NAME OF CEMETERY OR CREMATORY

IMPORTANT: IF #

23a BURIAL, CREMATION, REMOVAL

24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 (VRA 15, 4)

236. DATE

BY REGISTRAR 256. REGISTRAR'S SIGNATURE

23d. LOCATION



017064	1-	FOR STATE REGISTRAR			ST DEPARTMENT O DICAL EXAMI	FHEALT		NTAL WY	GIE E DEATH	O 2	5 1	1	1	
ASE EES. EET,	(TYI	CEASED NAME PE OR PRINT)	FIRST Willi∈		L.	Wisha	ard		0	TE KNOWN F ESTI- TH MATED	□ MONTH X 1-		YEAR 19 86	26. HOUR
IS NECESSARY, PLEASE REFUNERAL DIRECTOR. E. S. SOR YOUR FILES. ED. WITHIN 72 HOURS II W. PRESTON STREET,	3. SE.	F	W	2 28	YEAR 09 75	YEARS IF UI HDAY) MON' YRS.		HOURS A	MIN. PRON	ATE OUNCED EAD	MONTH 1	-7	17	2d HOUR 5:45P
NECESS. NECESS. S. FOR NUTHIN	f f	IRTHPLACE (STATE OF PREIGN COUNTRY)	D	USA		WIDO	VED NEV	DIVORCED		Harford	1		EATH	MD
OT Y DELAY IS NECES D3 TO THE FUNER NAIN PAGE 5, DO IND BE FILED, WITH	1	Street		1140 Pr	PITAL, NURSING HO CILITY, GIVE STREET ADDRES CIESTION	Rd.	HER INSTITUT	ION 1	FOR MOST OF Homem	CUPATION (T WORKING LIFE) AKET	PE OF WORK	12b KIN	ND OF BUS R INDUSTR	
21201 ANY D AND 31 RETAIN		AL RESIDENCE (IF IN TATE MD	136 COUNT Harf		130. CITY OR TOWN		13d INSIDE CIT	NO TO	3e STREET AC	Priest	ford	Rd.	416	4
DEATH. IF		ATHER'S NAME William		WIDDIE	Mulligan			R'S MAIDEN	NAME	A.	Ayı	ers	LAST	
BALTIMORE. S. AFTER DEA GIVE PAGES INTH FORM P PAGES OF INISION OF	16a. \	WAS DECEASED EVE (ES. NO. OR UNKNOWN) NO		MED FORCES? WAR OR DATES)	219-10-1		17. INFORM.	rsonal	paper	Milton s Pries	S Wish	ard?	1140 ,Stre	et,Md
DRDS, 201 W. PRESTON EDICUTED WITHIN 24-1 BING" IN PRIVATIVITY A BURIAL TANKING PRIVATIVITY HAND MENAL TRAINING HAND MENAL TRAINING EMATICAL OF EMATICAL	z	Conditions, if ony, which gove rise to immediate couse (a) Color												
TAL REC HOULD B RD PEN HEF ME USED AS OF HEAL RIAL CR	CERTIFICATION	190 DATE OF OPE	RATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?								20 AUTOPSY?			
PN OF VI		210 EXTERNAL CA UNDERLYING CONTRIBUTING	OR	HOUR A.M	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR TH P.M. 19								YES 🗌	NO 🗌
DIVISION HIS CERTING WRITING WARDED 1 AGE 3 SHATE DEPA	MEDICAL	21d. INJURY OCCU		STREET FACT	OF INJURY (AT HOME, ORY, FARM, ETC.)		CATION		CITY O	r TOWN	C	OUNTY		STATE
DICAL EXAMINER: 17 15 THE CERTIFICATE A SHOULD BE FORW NERAL DIRECTOR: 9. DEATH WITH THE ST		22a. I certify the deoth resulted fro ACTUAL SIGNATURE		e of the remoins desi	Accident ,	Autor Suicide	Homicia TITLE (SPI Deput	de .	X , Inqu	d monner	ond in my o , DATE SIGN		1-7-	-86
DO MED EXECUTE TO PUN BAUTHED	73a.B	(TYPE OR PRINT)	Luis	E. Renjel	M.D.	EMETERY			73d LOCATIO	St. Hav			ce, M	D D
07/84 BP	(Crematio		Jan.8,198	36 Yorkto			1	York	TRAR 125h REC	York		Penn	ia
DHMH · 17 (VR A15 ME (5))	J	ohn H. Ha	rkins	600 Mai	n St., Del	ta, F		14AN	1 0 198	- 12 -	Kevide	-	andabl	

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL YGICHE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN OF ESTI-(TYPE OR PRINT) Zubalik John Ludwig Jr. 2d HOUR SEX 4 RACE IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY) PRONOUNCED 830 M DEAD 1 - 28186 16 70 YRS 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH O BIRTHPLACE (STATE OR MARRIED XNEVER MARRIED FOREIGN COUNTRY) WIDOWED [DIVORCED Harford USA & CITY OR TOWN OF DEATH IL NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Md INDState Bel Air Examiner 803 Coconut Ct. Apt. Motor Veh. UAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 134 INSIDE CITY LIMITS? 130 STREET ADDRESS 21014 13a STATE 13b COUNTY 13c. CITY OR TOWN ALTIMORE, MD. 21201 803 Coconut Ct. Apt. I Bel Air YES NO MD Harford 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST Zubalik Sr. Pavucek Stephanie John 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) (Wife) Anna Zubalik - same address W II 213-07-9321 II.CAL EXAMINER ALONG WI A BURIAL - TRANSIT PERMIT P H AND MENTAL HYGIENE, DI MATION, OR REMOVAL. APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: CORDRAR IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF couse (o) stoting the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) USED AS A B 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD, PAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BACTHWORE, MARYLAND, 21201 PRIOR TO BURIAL, YES 🗆 NO [710 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21¢ HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. TIE PLACE OF INJURY LATHOME 714 INJURY OCCURRED 21L LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY NOT WHILE AT WORK Inspection K 22s. I certify that I took charge of the remains described above, held an Autapsy Inquiry and in my opinion Natural couses X death resulted fram: Accident Suicide ____. Hamicide Undetermined manner TITLE (SPECIFY) DATE 1-28-86 Deputy MEDICAL EXAMINER 464 Alliance St. Havre De Grace, MD EXAMINER'S NAMELuis E. Renjel, M.D. (TYPE OR PRINT) ADDRESS 73¢ NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION Burial Md. Baltimore 1/31/86 Gardens of Faith 07/84 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERASCHIRITIONER Funeral Home, Inc. DHMH 17 Colia Fridam Randolla 9705 Belair Rd., Balto. Md. 21236 (VR A15 ME (5))

